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Robt Ray Jr M. D.

A

CATALOGUE

OF THE

PATHOLOGICAL CABINET

OF THE

NEW YORK HOSPITAL,

CLASSIFIED AND ARRANGED

BY

ROBERT RAY, Jr., M. D.,

CURATOR.

WITH A MEMOIR OF THE AUTHOR.

NEW YORK:
PUBLISHED BY S. S. & W. WOOD.
1860.

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MEMOIR

OF

ROBERT RAY, Jr., M. D.,

BY JOHN WATSON, M. D.

Dr. Ray, late Curator of the Pathological Museum at the New-York Hospital, had, for about a year, been occupied in examining and adding to the collection, in classifying the specimens, in tracing out the history of many preparations of which no sufficient record had been preserved, and in drawing up a catalogue of the whole cabinet. He had just completed this latter work when he was taken ill—never again to resume his labor, or to return to those studies to which he was so much attached, and in pursuit of which he had already given so much promise of future usefulness.

His manuscripts, after his death, having been consigned to my care, I find among them this catalogue, needing only the supervision of a competent editor to carry it through the press. This aid has been kindly offered by Dr. H. D. Bulkley, one of the Physicians of the Hospital. The work furnishes a succinct account of every preparation in the Museum, up to the first of January, 1860. It will be of service to all who may have occasion to examine the collection.

To the students resorting to the New-York Hospital for acquiring a knowledge of morbid anatomy, as well as for the advantages of clinical instruction, this volume is affectionately dedicated. Many of them, the personal friends of its author, deplore, with me, his early loss. He has been cut down in the bloom of early manhood, in the midst of bright hope of a useful and influential life, in the enjoyment of every advantage which social position, modest merit, untiring industry, correct habits, a placid disposition, a genial temperament, a cultivated intellect, and an abiding love of his profession could bestow. But, few as were his years, they were not passed in vain.

"That life is long, which answers life's great end."

In the ardor of his professional pursuits, he had not overlooked the higher obligations of his existence; and in the development of his tendencies he had already assumed the work of the moralist and the Christian. He was in communion with the Episcopal Church, and a contributor to its charities.

The incidents of his life may be summed up in a very few words. And yet, in the unruffled equipoise of his character, they may be contemplated with interest, especially by those who are about to devote themselves to the healing art, and who, like him, not insensible to noble aspirations, would strive to rank, in after years, among its honored cultivators and benefactors.

Robert Ray, Jr., M. D., was born in the city of New York, on the 8th of November, 1832. Three years of his boyhood were spent in Europe, where, under the ablest teachers, he acquired a competent knowledge of the French and German languages. Returning with his parents in 1844, he continued his studies, and, after due preparation, entered Columbia College, where he received his degree of Master of Arts, in 1852.

For his first two years at college he gave earnest of literary distinction, and received several tokens of merit from his instructors. Absence from college for several months of the third year, during which he underwent a serious surgical operation, interfered with his advancement. But his rank in scholarship was respectable, and the fond regard in which he was held by his class-mates is still attested by several gratifying memorials.

The greater part of the year after leaving college, he spent in traveling through the United States. At this time, while sojourning with a relative on a plantation in Georgia, his attention was first seriously directed to the study of medicine. The contemplation of his own case may have given him an earlier bias in this direction. For, as above intimated, while at college, at the age of eighteen, on account of a congenital cleft-palate, he underwent a painful surgical operation. This operation, which was performed by the late Dr. J. K. Rodgers, and which was borne with heroic fortitude, was unusually successful, leading to marked improvement in articulation; so that he had afterwards little difficulty in making himself understood, or in entering into general conversation.

It is, perhaps, worthy of remark, that during this interval between his academic and his professional studies, unwilling to lead a useless and aimless existence, yet unable to decide as to his future occupation, he was observed, for the only period in his life, to be occasionally wayward and dissatisfied. But, from the moment of fixing his mind on the study of medicine, these indications ceased, leaving him in possession of his former equanimity; as gentle and cheerful, but as retiring and self-reliant as before; never so happy as when busily occupied with his books; and never regretting his choice of a profession to which, as he progressed in it, he became more and more attached.

In the spring of 1853, he began his medical studies under my immediate supervision. While with me, his diligence was unremitting; and his range of reading, as well as of practical training, far beyond the usual course. Commencing with intellectual and moral philosophy—subjects to which I am in the habit of directing such students as are desirous of laying a broad foundation for future excellence—he went, as far as I can now remember, carefully over the philosophical works of Locke, Reid, Stewart, Thomas Brown, and Abercrombie; over the phrenological writers, so far as they treat upon the classification of the intellectual and moral powers; over Mills' Logic, and the Organon of Bacon.

Turning to the more strictly professional text-books, he went in quick succession over anatomy, descriptive, topographical, and comparative; over physiology, human and comparative; over chemistry, elementary and organic; over materia medica, general and special pathology, therapeutics, practical medicine, surgery, obstetrics, the diseases of women and children, hygiene, climatology, medical philosophy, state medicine, medical jurisprudence, and the history of the profession. Not content with the standard text-books on most of these subjects, he extended his reading to monographs on special topics, to the works of the ablest original investigators in every department of medicine and surgery, and to some of the collateral departments of natural science therewith immediately connected. To specify the authors whose works he read in the course of his professional studies, would at this moment be impossible. But, in his well-stocked library, I find, of medical works alone, not far short of two hundred volumes, selected from among the best standard authorities, most of them, indeed, procured at my suggestion; and these do not include the whole of the works on professional topics to which he directed his attention while a student.

It is proper here to add, that his collection of medical books has been presented to the Library of the New-York Hospital, a donation which must have cost not less than five hundred dollars, and a bequest worthy of imitation.

Again, in practical training, he gave due attention to dissection, and to morbid anatomy in connection with the study of disease at the bed-side. His knowledge of materia medica, acquired by reading, he improved by the examination of specimens, and by officiating for several months in the apothecary's department at the Hospital, as an assistant, in preparing, compounding, and dispensing medicines; and long before his official connection with the Hospital, he was in the habit of acting as a volunteer in the wards of the sick, and in transcribing the records of the cases.

He attended lectures at the College of Physicians and Surgeons; and was examined there preliminarily to graduation, and preparatory to his examination for the Hospital in the spring of 1856. On this occasion he defended a thesis on Hospital Gangrene, the materials of which were derived, for the most part, from cases under his own observation. This essay was published in the New-York Medical Times, volume fifth, August, 1856. The degree of Doctor of Medicine was conferred upon him in October following.

In May, 1856, he was appointed junior assistant in the surgical department of the Hospital; and passing through the usual grades of service, he finished his term of duty as house-surgeon, in April, 1858. I need hardly state that in the several capacities of junior assistant, senior assistant, and house-surgeon, his duties were faithfully and ably performed. He shrank from no responsibility, and from no labor, however arduous. Several important operations, in cases of emergency, were required of him, and these he performed with coolness, neatness, and success. His cases were all carefully recorded,

and some of these he drew up in the form of a Surgical Report, which appeared in the New-York Journal of Medicine, for September, 1858. He was a diligent collector of specimens in morbid anatomy for exhibition at the Pathological Society, of which he was a member.

Almost immediately after finishing his service as house-surgeon at the Hospital, he was placed on duty at the New-York Dispensary. There he turned to good account his opportunities for familiarizing himself with the diseases of women and children, with obstetrics, and with the ordinary details of family practice. At a later period, leaving this institution, he took a position at the North-Western Dispensary, which was in the vicinity of his own residence. Like many other deserving young practitioners, he was not on all occasions sufficiently provident of his own health; and in the discharge of his duties as a dispensary physician among the abodes of poverty, he contracted a fever of a typhoid type, which prostrated him for several weeks.

In April, 1859, he was appointed Curator of the Hospital Cabinet. But the duties of this office he had previously been familiar with, and had for some time performed as a volunteer. From this time onward, he was engaged in examining, at stated periods, a small class of medical students. He had already joined the New-York Sanitary Association. His last professional advancement was his election, in April last, to resident fellowship in the New-York Academy of Medicine, an honor which he received with gratification. And though he never lived to take part in the affairs of the Academy, or to affix his name to its by-laws, he acknowledged the appointment, and left written instructions for the payment of his initiation fee and annual dues.

Dr. Ray had but little taste for the gayeties of society. He was rarely seen at places of fashionable resort. His hours

of relaxation were mostly devoted to the family circle, or spent in friendly intercourse with a few familiar acquaintances. He had a cultivated taste in music, and performed with skill on the piano and violin.

The illness which eventuated in his death was immediately induced by exposure to the inclemencies of the weather, on the 17th of March last; it commenced as a mild, circumscribed pneumonia, in the lower part of the right lung. From this, at the close of the sixth week, he began to convalesce. But, soon afterwards, he was seized with inflammation in the veins of the right leg and thigh. The whole limb became painful, and its superficial veins distended, corded, and tender to pressure. The attack simulated the ordinary appearances of phlegmasia dolens. After continuing several weeks, this ailment also subsided. But it left him greatly emaciated; with a small, weak, rapid pulse, a tendency to night sweats, and to irregularly recurring febrile paroxysms; yet with no cough, no expectoration, no difficulty in expanding the chest. But his respiration was rapid. There were at times dry mucous sounds in the larger bronchial passages; only, however, in the right lung. By degrees, in May, a slight dry cough set in. Once, and only once, he raised a particle of blood, not larger than a pin's head. Tuberculous infiltration of the lungs now rapidly declared itself. His appetite failed, his whole digestive organs became disturbed, and he sank on the third of July. His death occurred at Saratoga, whither he had been taken at the setting in of summer. This change was of no appreciable benefit. His time for departure had arrived; he was not unprepared for the event, which he met with the composure and resignation of a Christian.

He had, as above shown, committed some of his writings to the press. I have already alluded to his Inaugural Essay. This was an original production. It is a work of considerable

merit. The second publication was his Report of Surgical Cases, to which I have also alluded above.

His manuscript Case Book, next to his Catalogue, is his most voluminous performance. It is a record of all the cases which he was officially required to keep during his hospital service, and is a duplicate copy of these cases as recorded in the hospital register.

I find among his manuscripts another work; one which must have required of him much time, and careful research. It consists in a series of Statistical Tables, carefully and elaborately digested, occupying in all about thirty-two closely written foolscap pages, giving a statement of all the amputations at the Hospital, as far as they could be traced in our regular series of Case Books, for nearly twenty years, ending with 1858. These tables he has distributed as follows:—1st. Amputations of the Thigh; 2d, of the Leg; 3d, of the Hip, Knee, and Ankle; 4th, Amputations at the Elbow, Wrist, and Tarso-Metatarsal Articulations; 5th, at the Shoulder Joint; 6th, Amputations of the Arm; 7th, of the Fore-Arm; and, lastly, Double Amputations. These tables are very circumstantial, and must be of value for future reference. Had their compiler lived to give the summary of the facts which they exhibit, and the practical deductions to be derived from them, they would have been the most valuable series of the sort that has yet appeared in this country.

I have only to add, that his Catalogue of the Hospital Museum he had already taken some steps to have printed, before he was taken ill. It will be the most enduring of his medical labors; and a book of reference at the Hospital, for many years to come.

This Museum, now so rich in valuable preparations, as Dr. Ray has observed, originated with myself. Its first Curator was Dr. Sabine, a gentleman well qualified for the office who

had previously assisted in putting up specimens for the pathological cabinet of Sir Charles Bell. The neatness and finish of his work, while he held the curatorship, were highly deserving of commendation; and his preparations ever since, serving as examples to his successors, still give tone to the collection.

New York, July 31, 1860.

PREFACE.

The first steps towards the formation of the pathological collection described in the following pages, were taken in January, 1840, in pursuance of a resolution offered at that time by Dr. John Watson, at a meeting of the Physicians and Surgeons of the institution. During the ensuing year, the proposition having met with the approval of the Board of Governors, Drs. Post and Watson prepared plans and estimates, in accordance with which a building was procured and fitted up, while at the same time the necessary rules were adopted, providing for the appointment of a cabinet committee and of a curator; the committee to consist of one of the governors and two of the medical officers of the institution. Accordingly, in January, 1841, the museum was opened, and Dr. G. A. Sabine appointed its curator. Dr. T. M. Markoe succeeded him and retained the post for five years, when he was succeeded by Dr. W. S. Bowen, in 1848. Upon the resignation of Dr. Bowen, in 1851, the post remained vacant for a year, and was then successively occupied by Drs. A. L. Sands and Chas. M. Allin, each for a short period. In 1855, the post was again vacant, but in 1856, Dr. F. Markoe Wright was appointed, who was followed in 1857 by Dr. C. R. Agnew, and at this time a liberal salary was attached to the office by the governors. During the preceding period, additions to the collection had been made —at times rapidly, at others more slowly—so that the speci-

mens numbered over eight hundred, and comprised wet and dry preparations, chiefly morbid, plaster casts, wax models, and colored and plain drawings. The work of re-arranging and classifying these materials was begun and carried far forward by Dr. Agnew, and upon his resignation, in April, 1859, it was continued and completed by the undersigned, who was appointed his successor; who has, also, with the approval of the cabinet committee, entirely re-written the catalogue, bringing it down to January 1, 1860, which now, for the first time, appears in a printed form.

ROBERT RAY, Jr., M. D.,

Curator.

New York, Feb. 1, 1860.

REGULATIONS OF THE HOSPITAL CABINET.

1. The Hospital Cabinet, consisting of preparations in healthy and morbid anatomy, of casts, models, delineations, paintings, and prints, illustrative of anatomy and other branches of medical science, shall be under the general care and superintendence of the Cabinet Committee, and under the immediate charge of the Curator, who shall be appointed by the Governors, on the recommendation of the Physicians and Surgeons.

2. It shall be the duty of the Curator to attend all surgical operations in the hospital, and to superintend and direct all the post-mortem examinations, in which he shall be aided by the Medical and Surgical Walker to whose division the case to be examined belonged; and he shall collect, prepare, and deposit in the Cabinet all such specimens, occurring in or presented to the Hospital, as are thought worthy of preservation; each with its appropriate label, and reference to the catalogue.

3. He shall keep an analytical catalogue of all the preparations and other articles in the Cabinet, and shall therein briefly note the most important facts, so far as ascertained, in relation to each specimen, with further reference, when necessary, to the case-book of the hospital.

4. He shall see that every article belonging to the Cabinet is kept in proper order, and that no part of the collection be at any time removed therefrom; and shall open the Cabinet for the inspection of visitors, at such times as may be determined by the Cabinet Committee.

5. All pathological specimens occurring in the hospital shall be at the disposal of the Cabinet Committee; and no specimen worthy of a place in the Cabinet shall, on any account, be removed from the hospital.

6. All preparations, and other articles received for deposit in the Cabinet, shall be considered the property of the hospital; but such of them as are presented may be marked by the name of the donor, or that of the individual by whom they are prepared or collected.

7. The Cabinet shall at all times be accessible to the Governors, to the Physicians and Surgeons, and to the Superintendent of the Hospital; and shall be open to other visitors at such times only as the Cabinet Committee shall direct.

REFERENCES.

The "Hospital Records" are preserved in the Library of of the Institution, and consist of the accounts kept of the case of each of the patients. The "Museum Record" is placed in the Museum, and is chiefly used to preserve the history of specimens. Whenever the statements in the references are found to differ from those made in the catalogue, the latter may be depended upon as being the more correct, for no alteration has been made without well-grounded reason. The calculi were analyzed, with one or two exceptions, by Dr. W. H. Draper, the microscopist of the institution.

Donations of specimens will be thankfully received at the Museum, and will be duly accredited to the donor.

CATALOGUE.

The collection has been divided into eight sections :—

I. Bones.

II. Joints and Tendons.

III. Digestive System.

IV. Respiratory System.

V. Circulatory System.

VI. Nervous System and Organs of Senses.

VII. Genital and Urinary System.

VIII. Parasites.

This arrangement is substantially the same as the one adopted in the catalogue of Guy's Hospital Museum, which was, indeed, the model after which the present record was originally framed.

SECTION I.

BONES.

SECTION I.

BONES.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
1	Skeleton—articulated.		
2	Skeleton—articulated. There are thirteen ribs on each side, and thirteen true dorsal vertebræ. Spine otherwise normal. Specimen mounted by the donor.		Dr. Gurdon Buck.
3	Skeleton—of a fœtus, born nearly at full time; showing, 1st, the condition of the cranial bones and fontanelles in hydrocephalus; 2d, a partial formation of an additional rib on the right side, the sixth being divided into two, by a fissure extending back from the apex nearly to the angle; 3d, the condition of the vertebræ in spina bifida, the laminæ and spinous processes in the lumbar region, and the parts corresponding to them in the sacrum, being absent; rudimentary laminæ first re-appear as little tubercles on the sides of the last dorsal vertebræ, and increase in size up to the seventh, in which all the parts are perfect. 4th, well-marked talipes calcaneo-varus of both feet.		Dr. Wagstaff.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
4	Minute injection of bone—evidently of the humerus of a human fœtus.		Dr. A. C. Post.
5	Minute injection of a tibia of a human fœtus.		Dr. A. C. Post.
6	Another specimen of the same.		Dr. A. C. Post.
7	Minute injection of a vertebra of a human fœtus.		Dr. A. C. Post.
8	Skull—mounted on a stand, with the bones slightly separated, so as to show their forms and relations.		Dr. A. H. Stevens.
9	Skull of a child about eighteen months old; as shown by the still incomplete closure of the anterior fontanelle, and the nearly perfected state of the first dentition.		
10	Skull of a Hindoo.		Dr. A. S. Doane.
11	Skull of a Fegee Islander—Fractured.—The man to whom this skull belonged was killed in battle. The injury consists in a circular fracture two inches in diameter, and very slightly depressed, involving the angles of junction of the two parietal with the occipital bone. From the depressed portion, a line of fracture passes directly down into the foramen		Dr. J. O. Stone.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	magnum, on reaching which, it sends out a branch right and left, running to the base of each mastoid process. The left condyle of the lower jaw has been broken through its neck, and on the right side the zygomatic arch has been removed.		
12	Skull—with calvarium removed. The whole of the right side is a a little larger than the left, as shown by inspection and measurement. The bones of the cranial vault are very thick.		Dr. Stevens.
13	Abnormal openings in the Skull.—From a man who died of pyæmia, twenty days after receiving a wound of the scalp. The wound was near the anterior margin of the parietal bone, at which point is seen a circular portion of the external table in the process of exfoliation, it being circumvallated by a shallow groove. Further back, in the position of the foramina parietalia, and entirely unconnected with the wound, are seen two rounded perforations of the skull, each admitting the tip of the little finger. The surrounding bone is not at all changed, and the margin of the holes is quite abrupt, and smoothly rounded, with the exception of a few pucker-like notches. The dura mater and pericranium appeared to be continuous with each other through the openings, and no enlarged vessel was noticed to pass to or from the sinus.	Hosp. Rec. Case 582, 2d Surg. Div., 1859.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
14	Fracture of the Skull—stellated and very extensive, the rays running from about the center of the parietal bone, nearly to its margins in every direction. Both tables are about equally involved.		N. Y. Hospital.
15	Fracture of the Skull—in the shape of a fissure, following closely the line of the left half of the coronal suture in its way up from the squamous portion of the temporal bone nearly to the vertex. It was accompanied by the effusion outside of the dura mater of a large amount of blood, which was partially removed through a perforation made for the purpose by a trephine, over the great meningeal artery. Patient, however, died from the effects of injuries of the brain and of other parts of the body.		N. Y. Hospital.
16	Fracture of the Skull.—From a man 35 years old, who died comatose the day after having fallen fifty feet. A fissure was found running forwards directly along the vertex for about two inches, when, on reaching the coronal suture, it turned abruptly to the left; from this point the lesion consisted in an opening and loosening of the coronal suture as far as the great wing of the sphenoid, through which the fissure could again be traced, passing down into the ethmoid bone, where it ended. The right half of the coronal suture is normal, and the skull is of the ordinary thickness; Pachionian fossæ	Museum Record, Case 86.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	very deep and large. A copious effusion of blood was found outside of the dura mater, covering the left hemisphere and extending down to the base of the brain.		
17	Fracture of the Skull.—From a woman 27 years old, who died of arachnitis, eleven days after having been struck upon the head with an unknown instrument, which produced a compound fracture of the right parietal bone, a little in front of the protuberance. The fracture of the external table consists of a small triangular fragment, half an inch long, one of the angles of which is depressed to the level of the internal table. This latter is fractured more extensively, and one fragment has been depressed fully two lines, the depression on one side being abrupt, but without perforation of the dura mater. The vascular grooves on the inner surface of the skull are very numerous and deep.	Museum Record, Case 84.	N. Y. Hospital.
18	Fracture of the Skull.—From a man 26 years old, who received numerous injuries, among others, a rupture of the intestine, by a bank of earth falling upon him. He died in four days, without presenting any symptoms of cerebral injury. On the left parietal bone, within an inch of its anterior margin, is seen a small, oval, slightly depressed fracture of the external table. Corresponding to it, internally,	N. Y. Jour. of Med., Jan., 1851, p. 28.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	is a more extensive fracture of the inner table, which, on three sides, is abruptly depressed about one line.		
19	Fracture of the Skull.—At the superior angle of the occipital bone is seen a fracture of the external table, circular, not depressed, and scarcely perceptible. Directly beneath it, the inner table is also fractured in such a way that at one part a sharp jagged edge is raised, and projects inwards towards the brain.		N. Y. Hospital.
20	Fracture of the Skull, with rupture of the meningeal artery.—From a man 24 years old, who, in the evening, was knocked down and robbed. He went home and got into bed, but vomited and complained of headache. Next morning he was found comatose, and in the evening he died. The autopsy revealed moderate congestion of the brain, and an extensive clot outside of the dura mater, on the right side, and extending down to the base of the skull. This effusion had come from a lacerated wound of the middle meningeal artery, corresponding to a curious fracture of the inner table, now to be described. It consists of a fragment half an inch long, bounded on each side by the diverging furrows for two of the main branches of the meningeal artery, while its apex, which is only a quarter of an inch long, corresponds to the furrows for	Museum Record, Case 39.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	the main trunk of this same vessel. This apex, moreover, has sprung up to the distance of a line beyond the level of the inner table, and it resumes this position spontaneously, even after the bone has been pushed back to its true level by the finger. Parallel with, and an inch posterior to this elevated edge, is another fissure, which, unlike the others, penetrates through both tables of the bone, and thus presents externally a narrow and almost imperceptible line of fracture, which forms the only lesion appreciable externally.		
21	Penetrating wound of the Skull.—From a man 18 years old, who was stabbed with a sharp-pointed clasp-knife in the left temple, the knife remaining fixed in the wound until pulled out a few minutes later by a friend. On admission, a short time after this, he was suffering under slight concussion. Vertigo and slight headache supervened, and continued until within a few hours of death, when somnolence, and finally, convulsions and coma occurred, and terminated life, three and a half days after the injury. In the squamous portion of the temporal bone was found a slit, a quarter of an inch long, passing downward through the bone so obliquely as to form a valve-like opening, with little or no displacement of its edges. Internally, this slit encroached upon the groove for one of the main branches of the middle menin-	Hospital Record, Case 304, 1st Surg. Div., 1859.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	geal artery, but this vessel was probably not wounded. The only extravasated blood consisted in a thin layer which extended over the left hemisphere, and was entirely within the cavity of the arachnoid, and which had evidently come from a small vessel in the pia mater, which was divided by a wound corresponding in shape and position to the one through the skull. This left hemisphere was considerably congested, but otherwise the brain was but little changed. Liver in spots so soft as almost to be pultaceous; kidneys congested; other organs normal.		
22	Gunshot wound of the Skull.—From a young woman, who died of cerebral inflammation, twelve days after having been shot by a pistol ball, which entered the skull a little above the outer angle of the left eye, and lodged in the right side of the brain. The perforation of the skull was accurately rounded, slightly larger through the inner than the outer table, and from it, to the right and to the left, ran a nearly horizontal fissure, encircling half of the head. In the course of the track of the ball through the brain, were found several large fragments of bone.	Hospital Record, Case 31, 1st Surg. Div., 1859.	N. Y. Hospital.
23	Wound of the lateral Cerebral Sinus.—From a man 40 years old, who was shot in the left mastoid process by a pistol bullet. This was extracted soon	Hospital Record, Case 658. 2d Surg. Div., 1859.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	after the accident. The wound in the skull was small and circumscribed, and on the next day its edges were pared off by a rongeur, and several depressed fragments removed. A gush of blood at once followed, which was, however, readily arrested by a plug of lint. On the fourth day, pyæmia was ushered in by a chill, and proved fatal six days later. The lateral sinus was found open, its interior discolored, and containing fibrin and puriform matter, while the other sinuses and the vena cava were healthy. There was also a slight laceration of the cerebellum, and metastatic abscesses in the lungs and liver.		
24	Skull after Trephining.—Specimen consists of a portion of the parietal bone of a girl 3 years old, who died eight months after having been trephined. It shows, 1st, the absorption of the external edge of the opening; 2d, the formation of a fibrous plate composed of two layers, the one attached to the pericranial, the other to the inner edge of the perforation, the two lying in contact and closing the opening; 3d, a bony deposit between these two layers.		Dr. John Watson.
25	Skull after Trephining.—From a man 22 years old, from whom a portion of the parietal bone some two inches square, was removed by trephining, a few days after his sustaining a compound frac-	N. Y. Jour. of Med. and Surg., No. VI., p. 327, 1840.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	ture, with depression, at that point. He soon entirely recovered from the effects of the injury, but died of phthisis two years later. Around the opening, the external table is beveled off, while the inner remains sharp; and, from its edge, there stretches across the opening a firm tense membrane, evidently composed of the dura mater and the pericranium, which had become adherent to each other, but without producing any new bone.		
26	Skull after Trephining.—From a man 52 years old, who was trephined a few hours after having received a compound depressed fracture of the skull, situated two inches above the top of the right ear. This injury, as well as a simple fracture of the right femur in its upper third, was caused by a fall through a hatchway. For a long while the patient progressed favorably, and with but trifling indications of cerebral disorder; finally, however, convulsions came on, and the case soon terminated fatally by arachnitis, at the end of the third month from the injury. (Femur removed, *vide* Specimen No. 161.) A portion of the skull bones is preserved. Both tables of the bone around the circular opening made by the trephine are slightly beveled, the external table the most so; and the cells of the diploe are almost obliterated. The dura mater passes across the opening intact. It was found to be coated on its	Hospital Record, Case 86, 1st Surg. Div., 1859.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	visceral surface with a thin layer of adherent false membrane. The pericranium also passes continuously over the opening, and dipping down, was firmly attached to the beveled edges of the bone as far as the inner table, at which point it became very closely united to the dura mater by a very tough, dense areolar tissue, which bound these two membranes so firmly together that they could not be separated while fresh. A separation subsequently took place during the process of drying, so that now only the central parts are connected. No deposition of new bone has taken place.		
27	Disc of Bone—removed by the trephine from the skull of a man who suffered from cerebral symptoms, coming on gradually after a fall upon the head. The diploe is seen to have become nearly as dense as the more superficial portions. No benefit resulted from the operation. (*Vide* Specimen 28.)		N. Y. Hospital.
28	Calvarium—from the same patient from whom Specimen No. 27 was taken, he having died comatose a few weeks (or months) after the operation. The diploe has become dense, and both tables of the bone are very uneven, nodulated, and pitted. These shallow pits in several places have proceeded to actual perforation, and around them the bone has become very thin from absorption of the diploe.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
29	Calvarium—remarkably affected on its inner table, which is traversed by innumerable minute shallow grooves, which form an intricate network like that of capillary vessels, and this is connected with deeper and larger grooves for the meningeal arteries. These appearances cover the whole inner surface of the calvarium, except for an inch or so on each side of the longitudinal sinus, where the bone is nearly normal, being only traversed by a few deep furrows, apparently for veins leading from the plexus into the sinus. Some spots here and there on the external table are pierced by clusters of small openings, evidently for vessels, and the calvarium, as a whole, is quite heavy.		N. Y. Hospital.
30	Calvarium—roughened on its external surface by old periosteal inflammation. Over the anterior cerebral lobes, the inner table of the skull is less arched than it should be (as if there had been partial atrophy of the brain).		
31	Skull of an old man, showing the ravages of syphilis. The os frontis has lost a large portion of its external table, doubtless by necrosis, and in one place, perforation through both tables has taken place. The anterior alveolar process of the upper jaw has disappeared, and there are two large perforations through the palatine processes of the superior maxillary bones. The anterior		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	arch of the atlas and the body of the axis has been partially destroyed, and the two vertebræ are firmly anchylosed to each other and to the skull by their articular processes.		
32	Skull affected by Syphilis.—From a mulatto seaman, who suffered from excruciating pain in the left ear, with deafness and swelling, for several months, at the end of which time he died comatose. Patient had nodes and other symptoms of syphilis. On examination, the disease was found to have destroyed almost the whole of the petrous portion of the temporal bone. The dura mater had been either absorbed or decomposed, and an immense collection of pus extended along the whole of the base of the brain. After maceration, the remainder of the temporal and a large part of the left half of the occipital bone, extending into the foramen magnum, the left portion of the body of the sphenoid, and a part of the arch of the atlas were found to have crumbled to pieces, thus leaving a hole admitting the closed fist.	N. Y. Jour. of Med., Vol. I., No. 1, 1843.	Dr. Watson.
33	Calvarium—presenting externally several shallow depressions and irregularities, chiefly in the course of the sutures. They are doubtless due to the former detachment of superficial necrosed plates of bone.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
34	Necrosis of the Temporal Bone.—Specimen consists in a portion of the skull of a patient who died in the hospital of acute meningitis, after suffering long with an abscess of the internal ear. From the progress of the disease, the whole of the petrous portion of the right temporal bone has become detached and lies loose. The mastoid cells have been the seat of an abscess, which has opened externally through the mastoid process. The dura mater and membranes in the vicinity of this disease of the bones were in a state of acute inflammation.		N. Y. Hospital.
35	Peculiar necrosed fragment of Bone, which was found loose in the external meatus auditorius of a girl some 7 or 8 years of age, who had long suffered from a purulent discharge from the ear. It forms an oval disc about three quarters of an inch long. One of its surfaces is occupied by six or eight large conical eminences like papillæ, while on the opposed side pits are seen, corresponding to the elevations. The fragment probably consists of a portion of bone containing rudimentary mastoid cells, for the teeth were seen to be all sound, so that the fragment cannot have been a portion of the alveolar process with tooth sockets. NOTE.—A similar fragment was subsequently discharged from the same ear.		Dr. Watson.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
36	Blood Clot, removed from between the dura mater and the bone in the right temporal fossa, from a middle-aged man, who died comatose a few hours after receiving an injury which caused a fissure of the right temporal bone. Beneath the clot, whose greatest thickness was about an inch, the surface of the hemisphere was extensively flattened and depressed. The mass, which was semi-solid, measured *three and a half* fluid ounces (apoth.) and weighed *four* ounces (avoirdupois). Only the solid constituents are preserved.	Hosp. Rec., Medical Division, July 18th, 1859.	N. Y. Hospital.
37	Cancer of the Skull, in the shape a slightly prominent, flattened, encephaloid tumor, some two inches in its longer diameter, involving both the outer and inner table of the parietal bone, from a female 56 years old; the tumor first appearing about five weeks before death. Extensive cancerous deposits were found in the abdominal and thoracic organs.	Museum Record, Case, 109.	Dr. J. P. Garrish.
38	Cancer of the Skull (cast).—The cast is that of a tumor springing from the right parietal region of the head of a man 19 years old, in whom it appeared seven months before the operation, a few hours after he had been struck on the head by the boom of a ship. This swelling steadily increased, and is now of the size of a new-born child's head, and forms a painless, elastic mass, in which a pulsating sound can be		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	heard, though no thrill is perceptible to the touch, while the blood is conveyed to and from it by enlarged arteries and veins. The only symptoms of cerebral disturbance which were ever present, consisted in occasional vomiting. In order to arrest the progress of the disease, the right common carotid artery was ligatured, and, at the same time, the tumor was circumvallated by a deep incision, in which the blood-vessels were tied. No diminution in size ensued, and patient died within a year after the operation, with extensive cancerous deposits elsewhere. The mass on the head proved to be encephaloid, and was found to have involved both tables of the skull, and to have pressed upon the dura mater, without, however, disorganizing that membrane. (*Vide* Specimen 39.)		
39	Cancer of the Skull, from the same patient that specimen 38 was taken from.		Dr. Buck.
40	Cancer of the Skull—in the form of encephaloid tumors of great size, springing from the bones of the head. Patient, a man 19 years old, was admitted with a large encephaloid tumor growing from the periosteum of the right femur, just above the knee, which had appeared, spontaneously, only three months previously. The thigh was amputated, but the wound never entirely closed. Five months later,	Hosp. Rec. Case 503, 2d Surg. Div., 1857.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	a soft elastic tumor was first noticed underneath the scalp, which grew rapidly, as did also several others which appeared soon after upon other portions of the head and upon the clavicle. Patient became excessively emaciated and feeble, but remained free from cerebral difficulty until within a fortnight of his death, when he became subject at times to quiet delirium and to impairment of vision. He finally died exhausted, one year after admission. Encephaloid tumors were found in the lungs and bronchial glands, upon the neck of the amputated femur, the scapula, and the clavicle. The most remarkable development, however, was upon the head, from the upper part of which project three principal tumors, globular in form, each of them larger than a new-born child's head, the largest, indeed, being of twice that size. These, after maceration, are seen to have sprung from the substance of the bones forming the arch of the skull. Almost the whole of the surface of these bones is covered by a great number of bony spiculæ and laminæ, long and delicate, which in many parts are arranged so as to form circular, wave-like series, radiating from a common center. The inner table is similarly but less extensively affected. A line passed horizontally around the head over the most prominent points of the tumors, measures 27½ inches, and a perpendicular from plane of the chin to the highest points of the head, measures 37½ inches. (*Vide* Specimens 41 and 42.)		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
41	Cancerous Tumors of Skull (cast) —taken immediately after death from the patient from whom specimen No. 40 was removed.		N. Y. Hospital.
42	Cancerous Tumor of Skull (drawing).—Taken by donor from Specimens 40 and 41 — front view.		Dr. Baylis.
43	Same as above—rear view.		Dr. Baylis.
44	Same as above—side view.		Dr. Baylis.
45	View of the bony surface from which the tumors sprang.		Dr. Baylis.
46	Cleft Palate—Staphyloraphy (cast) —from the mouth of a boy ten years old, showing a cleft, passing obliquely back, at first as a mere fissure, to the left of the intermaxillary bone as far as the median line, and thence extending posteriorly in the shape of a rapidly-widening chasm, which forms a complete division between the two sides of both the hard and the soft palate. The history of the case is the following :—The boy's maternal grandfather had a nephew afflicted with a simple hare-lip, but with the exception of those mentioned below, all the other members of both his mother's and father's family were well formed. The mother had three brothers and		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	three sisters, two of the latter of whom each had a son affected with simple hare-lip. The boy from whom the cast was taken was the fifth child out of a family of eight, and he had an elder brother who was also afflicted with double hare-lip, projecting intermaxillary bone, and a fissure of the palate. In addition to the fissure seen in the cast, there was a double hare-lip, but it had been successfully operated on at the age of four months. At the age of seventeen years, the whole palatine fissure was closed by an operation. The operation consisted in dissecting up a flap from each side of the fissure, and bringing the edges together in the median line by silk sutures. The tension was lessened by a longitudinal incision down to the bone on the outer side of each flap, and the tearing asunder was prevented by division of the muscles. The operation was successful, and the whole of the palate was restored, the velum being only about three fourths of an inch shorter than usual. The peculiar tone of the voice was but little modified, but by continued practice in reading aloud, etc., the pronunciation became so much improved as no longer to form any impediment to engaging freely in the ordinary affairs of life.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
46[A]	Staphyloraphy (cast), taken after death, of the mouth of the patient referred to in No. 46, at the age of 28 years.		
47	Cast of a Polypous Tumor, springing apparently, at first, from the left antrum highmorianum, and extending thence on all sides so as finally to fill the mouth and pharynx, pressing upwards into the orbit, and causing absorption of the septum narium, extending up through the sphenoid bone to the base of the brain, and forming externally a large tumor upon the lateral and lower parts of the left side of the face. The tumor was surrounded by an imperfect capsule, and consisted chiefly of cells filled with an amber-colored gelatinous fluid. The bones upon the outer parts of the growth were softened and very thin, but did not seem to be infiltrated with foreign matter, thus making it probable that the polypus was not malignant. Brain healthy —other organs not examined. Patient was a man 35 years old, who had long suffered from symptoms resembling those of ozoena, but the tumor was not discovered in the fauces until within a year of his death, which took place chiefly from exhaustion from continued ptyalism and inability to swallow solid food. Patient's mouth was constantly open, and he was unable to articulate, but his mind remained unaffected.	Amer. Jour. of Medical Sciences, Phila., April, 1842, page 329.	Dr. Stevens.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
48	Fungous Tumor of the Upper Jaw, on account of which the larger part of the superior maxillary bone was extirpated by Dr. Stevens, in 1823. Patient soon recovered, and seven years later was still well. The tumor occupied the whole of the antrum, and grew from its floor by a broad base.	Dr. Sterling's Appendix to his translation of Velpeau's Surgical Anatomy, Vol. II. 1830.	Dr. Stevens.
49	Osteo-sarcoma of the Upper Jaw, removed from a female 41 years old, in whom the disease had first appeared seven months previously. It produced great deformity of the right side of the face, projecting upwards into the orbit, and down into the mouth. The right nostril was obstructed, and the tumor reached into the back part of the fauces. Accordingly, the whole of the right superior maxillary and malar bones and the attached mass were removed, after which, patient soon recovered, and remained well for three years, when the disease returned in the neighborhood of the malar bone. In the tumor scarce any trace can be found of the normal structure of the bones; the antrum is full, and the whole forms an irregularly-rounded ball.	N. Y. Jour. of Med. and Surg. No. 4, 1840, p. 249.	Dr. Stevens.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
50	Myeloid Tumor of the Upper Jaw.—Removed from a seaman 29 years old, who, four years previously, had received a blow upon the right side of the face, from which he suffered pain for several months. Two years later he lost all his upper front teeth, and eighteen months ago the right upper alveolar process began to project, and a soft, easily lacerated mass grew from its free margin. After this the disease steadily progressed, so that there is at present an enlargement of the right superior maxilla; the right nostril is obstructed, but the orbit and lachrymal passages are intact. In the mouth the disease does not reach so far back as the palate-bone. The diseased mass was removed, and, two months later, patient was discharged cured.	Hosp. Rec. Case 529, 1st Surg. Div. 1858.	N. Y. Hospital.
51	Cancer of the Upper Jaw—commencing in the left antrum highmorianum of an adult. All of the original seat of the disease has been destroyed by ulceration, so as to leave a large cavity on the left side of the face. The tissues in the left orbit were involved, and a tumor was formed which invaded the middle fossa of the skull, and anteriorly pushed the ball of the eye from its socket, destroying its functions. The disease was attended with great pain, and lasted more than two years.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
52	Cancer of the Upper Jaw, encephaloid, from a man 40 years old, who died exhausted a little over two years after the commencement of the disease, which probably originated in the left antrum; it then passed through the nares, posteriorly into the pharynx, and anteriorly out upon the face, where it formed a very large fungous mass, bleeding frequently. The orbit was also involved, and the eye-ball pushed to one side and disorganized.	Museum Record, Case 4.	N. Y. Hospital.
53	Cancer of the Orbit—Ligature of the Carotid.—From a man 25 years old, who, two and a half months before admission, was seized with lancinating pains, seated at first near the outer angle of the right eye, but soon spreading to the whole of the side of the face. Six weeks later his right eye began to become prominent, the pain at the same time diminishing. The power of sight from that eye, on admission, was lost, and the ball was markedly prominent, and at the same time the seat of a pulsatory movement, arrested by pressure on the carotids, and unaccompanied by thrill. The nostril, moreover, was obstructed, and the seat of frequent hæmorrhage, while the patient's general health was below par. The prominence continuing to increase, the common carotid was tied, thus arresting at once all pulsation in the eye, and allowing it slightly to fall back into its socket. Patient died of pyæmia twelve days	Hosp. Rec. Case 328, 1st Surg. Div., 1857.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	later, about 3½ months after his attack. Inflammation of the jugular vein and abscesses in the lungs were found. Locally, an encephaloid growth presented itself, occupying the antrum, bulging out through the superior maxillary and malar bones, invading the nasal half of the orbit, filling the ethmoid cells, displacing the nasal septum, and, lastly, passing back and involving a part of the parotid gland.		
54	Lower Jaw of an old person, with a firmly united fracture, about an inch to the right of the symphysis menti. There is scarcely any displacement of the fragments, and the fracture, which is nearly transverse, shows no trace of ensheathing callus. The teeth have evidently long been lost, and the alveolar margin has almost disappeared, the lower edge of the bone alone remaining, in the shape of a slender and flattened ring.		Dr. A. S. Doane.
55	Double Fracture of Lower Jaw.—From a man aged 32, who was knocked down and crushed forwards by the fall of a heavy beam upon him. There is a fracture on each side, running through the neck of the condyle at its junction with the ramus. During life, the body of the jaw was carried downwards and backwards, but the incisors pointed directly upwards. Patient died on the thirteenth day, from his other injuries.	Hosp. Rec., Case 488, 2d Surg. Div., 1857.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
56	Double Fracture of Lower Jaw.—From a man 29 years old, who was discharged cured from the hospital, after having been treated for a fracture of the jaw, caused by a blow from a slung-shot. Shortly afterwards, patient returned with an attack of erysipelas, of which he died in a few days. *Autopsy*, ten weeks after the injury:—A line of fracture was found running downwards and a little backwards through the body of the bone on the left side, just behind the second bicuspid. Running in a similar direction, from the middle of the right sigmoid notch, was the line through which the condyle, together with its neck, had been separated from the ramus. Both fractures had united by bone, with but little displacement, and without any ensheathing callus.	Museum Record, Case 44.	N. Y. Hospital.
57	Necrosis of Lower Jaw.—From a seaman 35 years old, who was kept under the influence of mercury on account of a chancre, for two months. His mouth was very sore, and his teeth loose, but he finally recovered entirely, and remained well for three months, at the end of which time, after sleeping in a draught, his face began to swell in the region of the angle of the jaw. This slowly increased, and became more painful, until, at the end of six weeks, a gum boil appeared on the site of a previously extracted molar tooth, which opened and gave exit to a good deal of	Case 416, 2d Surg. Div., 1860.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	pus. On admission, a fortnight afterwards, a probe detected bare bone through this opening. Accordingly, an incision was made over the body of the bone upon the face, and the necrosed portion separated by a chain-saw and removed. The fragment extended from the symphysis back to within an inch of the left angle of the jaw. It presented a blackened and honey-combed appearance, and was not surrounded by any involurum. Two and a half months after the operation, patient was discharged; the wound had healed, and the space whence the bone had been removed was occupied by a cartilaginous ring.		
58	Necrosis of Lower Jaw.—Right half of a lower jaw, including the condyle, removed from a shoemaker 35 years old, the right side of whose face had begun to swell three and a half months previously, without known cause. Fistulæ followed, and bare bone was detected. In operating, no trace of new bony growth was found at any point, and the necrosed fragment was porous, and crumbled readily to pieces on pressure. Four months later, a bony ring was found to have been formed in the place of the portion that was removed.	Hosp. Rec., Case 863, 2d Surg. Div., 1857.	N. Y. Hospital.
59	Necrosis of the whole of the Lower Jaw.—From a man 22 years old, in good general health, who had been employed for eight years in making matches. He dates his	Case 656, 1st Surg. Div., 1858.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	trouble from the extraction of three right, lower molar teeth, four months before the operation. Shortly after their removal, the right side of his face swelled, and fistulæ formed. At the first operation, the whole of the right half of the inferior maxilla, from a little to the left of the symphysis, and including the condyle, was removed, the periosteum being readily peeled from a dense, spongy growth of bone which had formed a case, inclosing most of the dead portion, and extending even into the articular cavity. This new bone, moreover, in many points, was in close and direct contact with the necrosed fragment. Within a month, a firm ring-like cartilage was found to have been formed in the place of the diseased bone, extending well up towards the zygoma, and freely moving in unison with the portions of the jaw still remaining. A few days after the first operation, patient began to have pain and swelling on the left side of the face. This increased, and sinuses formed, through which bare bone could be felt. The whole of the remainder of the lower jaw was accordingly removed, about a year after the first operation. It was encased in spongy bone, which formed a nearly-complete envelop for it, except at the alveolar margin, but the connection of the dead and the living bone was much less close than it had been on the right side. The periosteum could be readily separated from the new deposit,		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	which was not the case with that covering the sound bone. The upper jaw on the same side being necrosed, was also removed, including most of the left superior maxillary bone, with the anterior part of its palatine process forming the roof of the mouth. Posteriorly, the necrosed portion was separated by nippers from the malar bone; above, the floor of the orbit, and laterally, the nasal process, were also taken out. Around the upper jaw there was no formation of new bone, and the semi-cartilaginous ring, spoken of in the previous case, had not become in any degree ossified.		
60	Fibrous Tumor from the Lower Jaw.—Removed from a healthy farmer 30 years old, and free from hereditary taint, in whom, six years previously, a swelling had appeared upon the front of the lower jaw, just below the incisor teeth. This slowly increased, the teeth dropping out two years later, and it now forms a mass with a smooth surface, covered with mucous membrane, and is of the size and shape of a hen's egg. It rests upon the upper margin of the lower jaw, keeping the mouth constantly wide open, and forcing the tongue backward, but causes no pain. In operating, the tumor was found to spring from the center of the bone. By its pressure, it had caused great expansion and thinning of the alveolar walls, so as to have given rise to a crackling	Hosp. Rec., Case 305, 1st Surg. Div., 1859.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	sensation on pressure. The substance of the tumor was white, and resembled, closely, lobster flesh; under the microscope, it proved to be fibrous. The lower margin of the jaw not having been disturbed in operating, patient soon recovered.		
61	Vertebræ—namely, the sixth and seventh cervical, incorporated so as to form but one bone, the only line of demarcation between them being in front, where a groove marks the place of the intervertebral cartilage. The foramen for the spinal cord and the intervertebral notches are of normal size, while the arches form a continuous layer of bone. The vertebræ are evidently those of an adult, and present no signs of disease.		N. Y. Hospital.
62	Fracture of the Spine in the cervical region.—Patient, a man 40 years old, fell during an epileptic fit from a cart, striking upon his head, which was strongly flexed forwards on the sternum. On admission he was insensible, with paralysis from the neck down, with the exception of the diaphragm; sensation partial. Patient lived two days, recovering his consciousness, but otherwise not improving. There were also noticed excessive priapism, difficult articulation, and crepitus at the lower part of the neck. The atlas was broken into three pieces by a fracture through the tubercle on its anterior arch, and	Museum Record, Case 1.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	another on each side, through the posterior arch just back of the articular processes. The left transverse process and a small piece of the front of the body of the axis, were also broken. Thirdly, the spinous process of the third cervical vertebra was fractured at its base. Fourthly, the fifth cervical was dislocated forward, carrying the column above with it, but leaving behind it in situ, attached to the sixth vertebra, its spinous process and part of its laminæ. The vessels of the brain were congested, and there was effusion of blood beneath the arachnoid of the cerebellum.		
63	Fracture of the Spine, cervical.—From a man 19 years old, who fell some 14 feet, alighting upon his head and shoulders. There was at first entire loss of sensation, and paralysis of all voluntary muscles supplied by nerves going off from below the seat of injury, which seemed to be at the fifth or sixth cervical vertebra, though neither crepitus nor a false point of motion could be detected there. Respiration abdominal; retention of urine; priapism, involuntary passage of fæces. Partial sensation returned next day in all parts of the body, together with slight power of motion in the upper extremities. Patient gradually failed; respiration became difficult, and on the thirteenth day he died. The body of the fifth cervical vertebra was divided into	Museum Record, Case 8.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	two lateral halves by a fracture running through it antero-posteriorly, while its lower anterior lip was further separated by a fracture running from side to side at right angles to the first. On the right side, just back of the articular process, the lamina was fractured, while in the corresponding portion of the left lamina, a simple perpendicular fissure existed. A clot of blood lay between the theca vertebralis and the bone.		
64	Fracture of the Spine.—From a female 30 years old, who died of œdema of the lungs, thirty-nine days after having received a fracture of the sixth cervical vertebra, by a fall of some 25 feet upon her head and shoulders. Paralysis of sensation and motion at once ensued below a line drawn through the nipples, and this continued till death. Over the injured vertebra there was crepitus and slight deformity. On post-mortem examination, the laminæ, with the spinous process, were found to have been detached and forced inward so as to press upon the cord, which was congested at that point. The mass forming the transverse and articular processes on the right side, was also separated from the body of the bone.	Hosp. Rec., Case 208, 1st Surg. Div., 1859.	N. Y. Hospital.
65	Fracture of the Spine, in the cervical region, from a man 40 years old, who died nine days after having received the above-named	Museum Record, Case 36.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	injury by being thrown backwards out of a wagon. Neither irregularity nor marked pain existed at the seat of injury. There was complete paralysis and loss of sensation of all the parts supplied by nerves going off below the injured point. Respiration diaphragmatic, bladder paralyzed, reflex action well marked on irritating the lower extremities. On post-mortem examination, the anterior portion of the body of the seventh cervical was found to have been crushed, allowing the vertebra above it, with the intervertebral cartilage attached, to slide downwards and forwards upon it, so as to project a quarter of an inch. The spinal cord was compressed, and above and below, for a short distance, softened into a reddish brown pulp. The theca was uninjured.		
66	Fracture of the Spine in the dorsal region—breaking the body of one bone into an anterior and a posterior half, and splitting off the front and upper edge of the vertebra below. The upper one then slipped down and forwards, together with its arch, and thus ruptured the spinal cord. Patient survived twelve hours.		N. Y. Hospital.
67	Fracture of the Spine in the dorsal region.—From a man 30 years old, who broke his back by a fall of some 15 feet. On admission, there was found to be paralysis below the navel, reten-	Hosp. Rec., Case 781, 2d Surg. Div., 1857.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	tion of urine, and a prominence with distinct crepitus in the middle of the dorsal region. Patient for a while did well, but he finally died, seventy-one days after injury, the immediate cause of death being inflammation of the whole urinary apparatus. The spine became so firm that during the last fortnight or so of his life, patient was able to sit, propped up, in bed; there was, however, no return of voluntary motion in the lower extremities. At the seat of fracture, the spinal marrow was completely severed, the dura mater alone remaining intact. One of the bodies of the vertebræ in the middle of the dorsal region was broken into two fragments, one of which slipped back and the other forward, so far out of the way that the vertebra above was allowed to slip downwards and forwards, so that the middle of the lower surface of its body rests upon the anterior and upper edge of the vertebra below the fractured one. In this position, the upper portion of the spine forming an angle with the lower of about 45 degrees, the bones have all become firmly united to each other —chiefly by direct union—there being but little new bone thrown out, and that little, being chiefly employed in fixing the smaller fragments of the fractured vertebra, which have been forced out laterally. The intervertebral cartilages were not ossified.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
68	Fracture of the Spine.—From a man 50 years old, who, ten years before death, had jumped from a window and had broken his back in the fall. He at once lost all sensation and power of motion in his lower limbs, and was unable to void his urine. He subsequently recovered, however, so far as to be able to wheel himself about the streets in a chair, and also became able to control his bladder. He thus enjoyed tolerable health until within a few months of his death, when he became affected with ascites and dropsy of his lower limbs, followed by ulcerations and sloughing, which finally carried him off. On examination, externally was seen a prominence in the lumbar region. The lumbar and lower dorsal vertebræ were then removed, and the upper part of the spine found to bend forward at an angle of 45 degrees. In this position anchylosis had taken place; 1st, partly by bony bridges passing between the posterior arches and processes of the last dorsal, and second lumbar vertebræ connecting them to each other, and to the arches of the intervening bone; 2d, and chiefly, by the consolidation of the crushed bodies of the first and second lumbar vertebræ, which bones have borne the brunt of the injury. About them scarcely any new bone has been thrown out, but the remains of the intervertebral cartilages have become ossified and directly united to the fragments of the bodies adjacent. With the exception of one pair at the seat of fracture, all the lum-	Museum Record, Case 68.	Dr. J. O. Stone.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	bar nerves were present and of full size. The cord was not examined, but its canal was encroached upon only to a slight extent.		
69	Fracture of the Spine.—From a man 30 years old, who was crushed to the ground by a bale of goods falling upon his back. There was, at first, no loss of sensation nor paralysis, except of the bladder, nor was there crepitus or deformity in the spine. Forty-eight hours later, complete paraplegia was noticed, and also partial loss of sensation in the lower extremities. Patient died at the end of a fortnight, chiefly from cystitis. The arches were sawn through on each side, and the laminæ of two lower dorsal and first lumbar vertebræ found to have been forced forward so as to press upon the cord, which latter, as well as its membranes, was soft and sloughy at this point. In the lower part of the cauda equina several blood clots existed. The spinous processes of the above-named vertebra were broken off, but the bodies were sound. On each side of the fractured part of the spine was found a large abscess. Kidneys much congested.	Hosp. Rec. Case 286, 1st Surg. Div., 1859.	N. Y. Hospital.
70	Fracture of the Spine.—From a man 27 years old, who lived thirty-three days after having received the above-named injury by a fall into a ship's hold, land-	Hosp. Rec. Case 117, 2d Surg. Div., 1858.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	ing first on his feet and then falling over on his back. There was complete paralysis of the muscles below the seat of injury, and also of his bladder, though no fracture could be detected. Patient soon began to fail, and continued to do so until death, which event was hastened by the formation of a very large fæcal iliac abscess, which was found to be due to a perforating ulcer of the colon just above the sigmoid flexure. The body of the first lumbar vertebra was extensively comminuted, some of the fragments being displaced backwards so as to press upon the spinal cord. The mass forming the transverse and articular processes on each side had been broken off from the body and from the arch, which latter was still continuous with the body by a slender unbroken bony band on each side. The upper part of the spine forms with the lower, an angle of about 45 degrees. The two are firmly united at the fractured point by direct union of the bones, as there can be seen no new osseous tissue whatever.		
71	Fracture of the Spine, from a fall, causing death in a few hours. The body of the second lumbar vertebra has been crushed into small fragments, and on the left side, the base of its lamina, and the left sup. articular process of the vertebra below, have also been fractured. The only displacement of the spine consists in a slight lateral angle, unaccom-		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	panied by any slipping forward of the upper vertebræ. The spinal canal is but little encroached upon.		
72	Absorption of the Vertebra, produced by the pressure of a large aneurism of the aorta, which, by its rupture, produced death. The bodies of the last two dorsal and first lumbar vertebræ have been extensively destroyed, while the intervertebral cartilages remain intact.		N. Y. Hospital.
73	Caries of the Spine, involving the bodies of three dorsal vertebræ, scarcely any portion of the central one being left, so that the upper and lower ones have nearly come together, thus giving rise to an angular curvature. At one point a small carious fragment on one of the bodies has become necrosed, and is partially detached by a circumscribing groove.		N. Y. Hospital.
74	Caries of Spine, in the dorsal region.—From a young subject, showing great deformity. The bodies of some half dozen or more of the vertebræ have disappeared, with the exception of a few carious and necrosed fragments, and have thus given rise to an abrupt curving forward of the spine at the diseased point.		Dr. Watson.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
75	Caries of the Lumbar Vertebræ.—they are but slightly affected, and numerous osseous arches pass between the bodies of the bones over the intervertebral cartilages. (*Vide* Specimen 189.)		N. Y. Hospital.
76	Caries of the Lumbar Vertebræ, not far advanced. The vertebræ still preserve their shape, and are connected to each by numerous irregular bridges of porous bone, arching over the intervertebral cartilages between the bodies of the adjacent bones.		N. Y. Hospital.
77	Caries of a Rib, involving a portion of it an inch long, situated one inch and a half in front of the angle of one of the left ribs, and resulting probably from a fracture. The patient, a seaman, had long suffered from pain in his side, when finally an abscess formed over the diseased spot, which, on being opened, gave exit to matter and bony detritus, and allowed diseased bone to be felt at its bottom. A year later, patient was seized with erysipelas of that side, and also pneumonia of the left lung, and pericarditis. The autopsy revealed old and firm adhesions of the lung to the parietes at the diseased point, where the rib was found roughened externally and traversed by a sinus, while a narrow bony arch connected the two fractured extremities at their lower border.		Dr. Watson.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
78	Caries of a Rib, of the left side, near its anterior extremity. A portion had been removed from it long before death. Between the opposed ends, a cavity an inch in length exists, open anteriorly, and bounded internally by the thickened periosteum, upon which is seen an irregular deposit of new bone, tending to unite the two still carious ends of the ribs.		Dr. Watson.
79	Fracture of Costal Cartilages.—Specimen taken from a man 67 years old, who died of thoracic disease, and in whom the fracture was only discovered on making the post-mortem examination. The fifth and sixth cartilages on the right side have been broken across transversely at their middle, the sternal fragments overlapping the others half an inch. Surrounding the plane of contact of the two, is seen a more or less complete bony ring, binding the fragments together, but not passing in between the opposed cartilaginous surfaces, except in a very slight degree. The union was completed by ligamentous tissue. The cartilage above was cut on opening the thorax.		N. Y. Hospital.
80	Sternum.—From a fœtus, showing the points of ossification, in pairs, and uniting first below.		Dr. T. M. Markoe.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
81	Fracture of Sternum.—From a female who received the above injury, and also a fracture of the spine, by a fall to the ground from a height of twenty-five feet. Patient lived thirty-nine days. (*Vide* Specimen 64.) The fracture is simple, transverse, and separates the manubrium from the body of the bone. The fragments override each other, the upper being posterior. The union is ligamentous.	Hosp. Rec., Case 208, 1st Surg. Div., 1859.	N. Y. Hospital.
82	Sternum, with a part of its inner table absorbed from the pressure of an aneurism, so as to expose the cancellar structure. Anteriorly, attempts seem to have been made to strengthen the bone by some osseous deposits.		N. Y. Hospital.
83	Abscess—simulating thoracic aneurism.—From a man 22 years old, who, ten days before admission, was seized with a chill, followed by headache and fever. This last continued after his entrance into the hospital, when, on the tenth day, a small pulsating tumor was noticed between the third and fourth ribs, just to the right of the sternum. This rapidly increased in size, still pulsating strongly, till the twenty-third day of the disease, when, the tumor being so large as scarcely to be covered by the open hand, and the integument inflamed, a puncture was made into it, giving exit to a large quantity of pus. On passing in the finger, the sternum was felt to be completely divided by	Hosp. Rec., Case 259, 2d Surg. Div., 1857.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	a transverse fissure passing across it just below the third rib; the lower fragment, moreover, overlapping the upper one. A moderate purulent discharge continued for two months, patient, on the whole, gaining ground; when, quite suddenly, he was seized with dyspnœa, which soon became more and more urgent, until it was relieved (after lasting several hours) by a sudden gush from the ulcer over the sternum, of a pint or more of serum. Patient, however, did not rally, and death ensued in four or five days, the serous discharge remaining very copious. *Autopsy*:—The pericardium was open anteriorly, where the bare end of the upper fragment of the sternum projected into its cavity, having perforated the membranes and caused a superficial abrasion upon the heart. The costal cartilages were extensively separated from their sternal attachment, and over their surface and that of the bone were to be seen the remains of the abscess; the intra-thoracic portion of it being almost entirely obliterated. The pericardium was not thickened, and contained no lymph. With regard to patient's having received any injury previous to his illness, accounts differ; but, certainly he had received none severe enough to fracture a healthy sternum. Hence, caries of this bone would seem to have been the first step, then a mediastinal abscess opening externally, and, finally, serous effusion into the pericardium, with discharge of		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	the same serum through a perforation of the membrane by pressure from the rough end of the sternum.		
84	Fracture of Clavicle, at its middle, very oblique from without, backwards and inwards. Some slight attempts, only, at repair are seen.		
85	Fracture of the Clavicle.—The bone on the right side has been fractured obliquely from within outwards and backwards, and has united, with slight deformity, caused by slipping by of the fragments. The new bone is still porous, and has been effused chiefly on the posterior aspect of the fracture, where it fills up the angle formed by the two bones.		N. Y. Hospital.
86	Fracture of both Clavicles, firmly united by bone effused between the opposed surfaces, and filling in the angles. The deformity is moderate, and consists in want of complete coaptation and in a slight slipping by each other of the fragments. On both sides the fracture is in the middle of the bone, and very oblique from within and behind, outwards and forwards.		N. Y. Hospital.
87	Distortion of the Clavicle—produced by the pressure of a subclavian aneurism. From the patient whose left subclavian artery was ligatured within the scalenus by Dr. J. K. Rodgers. The inner		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	arch of the clavicle is magnified in length, and in its curvature, and the surface of the bone is a little rough. (For history, *Vide* Specimen 632.)		
88	Necrosis of the Clavicle.—From a girl 16 years old, who, four months previously, was seized with a chill, which, in a few days, was followed by an abscess over the inner half of the right clavicle, which opened and has continued to discharge ever since. This sinus was laid open, and a loose, dead fragment three quarters of an inch long was extracted. It involved nearly the whole circumference of the shaft, and rested in a bed of involucrum. A small piece was also removed from the bone further towards its acromial end. The cancellar tissue of the expanded portion of the bone nearer the sternal joint had broken down, and left a large cavity in the interior of the bone. There had been neither injury nor syphilitic antecedents.	Hosp. Rec., Case 19, 1st Surg. Div., 1859.	N. Y. Hospital.
89	Fracture of the Scapula.—From a man 30 years old, who fell from the fifth story of a building, alighting upon his head and left shoulder, producing the above-named simple fracture, together with injuries of the head, of which he died in three days. There is seen a fracture crossing the body of the left scapula, nearly parallel with and a little below its spine, and with several fissures running off from it into	Hosp. Rec., Case 223, 1st Surg. Div., 1858.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	the body of the bone. Another fracture falls upon the first one at right angles, passing up half an inch from the constricted part of the neck of the scapula, and separating in one fragment the glenoid cavity and coracoid process, together with a long splinter from the upper border of the scapula from the rest of the bone. The symptoms during life were crepitus, increased breadth of the shoulder, and a tumor formed by the head of the bone under the clavicle.		
90	Fracture of the Scapula and Humerus by a musket ball, which crossed patient's neck, producing merely an abrasion there, and entered the flesh at the acromion of the right shoulder, whence the missile passed down, and emerged at the insertion of the deltoid muscle, fracturing the bones on its way. Patient was a man of 30 years of age; he had his arm raised, and was in the act of cheering, when struck. Reaction having come on, the head of the bone—the outer portion of which, together with the greater tuberosity, was comminuted—was removed at the surgical neck, partly through the transverse line of fracture existing there, and partly by sawing through a still unfractured portion of the shaft. Patient died, however, on the twelfth day, exhausted by the supervention of secondary hæmorrhage. The acromion process was found broken off, and the scapula was	Hosp. Rec., Case 56, 1st Surg. Div., 1849.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	besides fractured in two lines, one of which ran across the body of the bone parallel with and an inch below the scapular spine, while the other rose at right angles to the first, and separated the glenoid cavity and coracoid process from the rest of the bone by a line a half an inch distant from the constricted portion of the neck of the scapula.		
91	Scapula, from which grew, spontaneously, a somewhat spherical encephaloid tumor, measuring a foot in its greatest diameter, which proved fatal by gradual exhaustion, within *six weeks* of its appearance, in the person of a man eighteen years old. For a year previously, however, patient had been losing flesh and color without ascertainable cause. The tumor grew from both surfaces of the scapula below the spine, and the bone is there seen to be very thin, and coated in some parts by a shell of spongy osseous growth. No other cancerous deposits existed.	Museum Record, Case, 98.	N. Y. Hospital.
92	Scapula, from which, in part, grew an enormous encephaloid tumor. Patient was a girl, 14 years old, who had a congenital deformity of the integument of the right arm, from the elbow to the acromion, the skin hanging in folds and resembling that of the scrotum (pachydermatocele).—Eleven and a half months before death, which occurred from gradual exhaustion, she noticed a lump	Museum Record, Case 3.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	of the size of a pigeon's egg lying upon the right clavicle. After that time the tumor steadily increased, and soon became painful. The mass extended upwards to the level of the top of the patient's head, springing from a base which followed a line drawn downwards from the angle of the jaw, in front of the sternomastoid muscle, to the fifth rib anteriorly, thence passing back along this rib through the axilla, and rising posteriorly over the dorsum of the scapula, and thence running up again to the angle of the jaw. Externally, the tumor consisted of several lobes, and internally it presented the ordinary appearance of encephaloid cancer. The lungs contained cancer and tubercles, and the other organs were healthy. (*Vide* Specimens 93, 94, 95.)		
93	Cast of Cancerous Tumor of the Shoulder.—Taken from Specimen No. 92.		N. Y. Hospital.
94	Cancerous Tumor of the Shoulder. (*Vide* Specimen No. 92.)		N. Y. Hospital.
95	Picture—Pachydermatocele. (For history, *vide* Specimen No. 92.)		N. Y. Hospital.
96	Cancer of Shoulder (picture), in the form of a very large malignant tumor, existing in a man 44 years old. It occupies the dorsum of the left scapula, and passes down so as to envelop the	Case 726, 1st Surg. Div., 1850.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	humerus, and form a fusiform swelling extending nearly to the elbow. The symptoms dated back about eighteen months from the time of patient's death.		
97	Caries of the Shoulder Joint.—The greater tuberosity has been, to a great extent, destroyed by caries, which has also involved the lesser tuberosity and the head of the right humerus. The glenoid cavity is also affected, but to a less degree. Some bony spiculæ are seen on the axillary margin of the scapula.		N. Y. Hospital.
98	Compound Fracture of the Humerus.—From a man 40 years old, who, in a quarrel, was stabbed by some sort of a knife, on the right arm, three inches below the acromion, the wound leading directly down to this curious fracture, which was so extensive that the limb was at once removed through the shoulder joint. The bone, the walls of which are thinner than natural, has been broken into three principal pieces by lines of fracture so oblique as to run from the middle of the shaft, up nearly to the anatomical neck of the bone at the inner side, thus breaking the shaft into an upper and lower, and a large intermediate sharp-pointed fragment.	Hospital Record, Case 1009, 1st Surg. Div., 1856.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
99	Fracture of Humerus (recent), running with moderate obliquity across the shaft of the bone, an inch above the condyles. Evidently from an adult.		
100	Fracture of the Condyles of the Humerus.—From a man who received a compound fracture of the elbow by being run over by a cart, it is supposed, and who died a week later. The tip of the external condyle has been broken off, and the lower part of the bone, which is traversed by several fissures, separated from the shaft by a jagged fracture running across the expanded portion an inch above the joint.	Museum Record, Case 62.	N. Y. Hospital.
101	Double Fracture of the Humerus.—Patient, a man 19 years old, fell and fractured his left arm just above the insertion of the deltoid, and also at the elbow. This latter injury consisted in a separation of the two condyles from each other, and from the shaft by a T shaped fracture, as was ascertained more clearly on amputating the limb—a course rendered necessary by the supervention of of phlegmonous erysipelas five months after the accident, at a time when the fractures, which, after becoming compound, by abscesses following the injury, had finally acquired a considerable degree of union. The ulna and radius were anchylosed to each other and to the external condyle by bone effused between their contiguous surfaces; the		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	elbow being fixed at considerably more than a right angle, and the radius being semi-pronated. The internal condyle had no bony attachments. At the upper fracture of the shaft, the bone was refractured during the manipulations prior to amputation. The upper end of the lower fragment tapers slightly, and its medullary canal is not over two lines in diameter. Externally, are seen a couple of bony growths, which probably are the remains of the bonds of union of the two fragments. At the lower fracture of the shaft, too, only a few irregular deposits of bone exist.		
102	United Fracture of the Humerus.—The bone was broken obliquely from above, downwards, and outwards, a little above its middle, and has united with slight overriding of the fragments, the lower one sliding up and inwards. The angles thus left are filled in with new bone.		N. Y. Hospital.
103	United Fracture of the Humerus—atrophy.—Specimen removed by a successful amputation through the shoulder joint, at the request of a soldier who had been through all the battles from Vera Cruz to Mexico. In one of them (Sept., 1847), a cannon ball passed between his left side and arm, fracturing the humerus obliquely, a little above its middle, and permanently and completely paralyzing the arm; without, however, producing any abrasion of	Museum Record, Case 99.	Dr. J. O. Stone.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	the skin. The periosteum of the fractured bone was vascular and easily detached. The bone itself was roughened, vascular, extremely light, and its walls not over a line thick. The fracture has united with but little deformity, and without pressing upon the nerves; which latter, however, appeared to be swollen and slightly injected.		
104	Ligamentous Union of Humerus. —From a man who received severe lacerations of the fore-arm and a simple fracture of the humerus at its middle, by being struck by a fragment of iron. The wound of the fore-arm did not heal until a year had elapsed, at the end of which time the humerus, being still ununited, the fragments were perforated by a drill (according to Dr. Brainard's plan). Sufficient action, however, was not excited, and subsequently, phlegmonous erysipelas originated in the ulcer remaining on the fore-arm, and rendered amputation of the arm necessary. A dense ligamentous band half an inch long is seen passing between the two fractured ends.	Hospital Record, Case 702, 1st Surg. Div., 1854.	N. Y. Hospital.
105	Necrosis of the Humerus, consisting in a loose necrosed fragment, involving nearly the whole shaft of the bone, and commencing an inch below the surgical neck of the bone. In the substance of the necrosed fragment which, moreover, had evidently partly been the seat of caries, was found a de-		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	posit of tubercular matter. The production of new bony involucrum from above and below is very limited.		
106	Tubular Sequestrum from Humerus.—From a man 22 years old, who had his arm amputated just below the middle, by Alanson's method, for an injury. At the end of seventy-five days, the healing by granulation not being yet completed, an incision was made, and this sequestrum removed from the end of the bone, after which the stump soon closed. The fragment resembles, in every respect, those removed under similar circumstances from the femur. It is four inches long.	Case 618, 2d Surg. Div., 1859.	N. Y. Hospital.
107	Cancer of the Humerus (daguerreotype).—From a man 22 years old, whose arm broke while he was in the act of throwing a snowball. No union took place, and at the end of six months he entered the hospital, where the limb was removed through the shoulder-joint, an encephaloid deposit having meanwhile taken place upon the fractured humerus, so abundant as to form a large fusiform swelling, involving the greater part of the arm, and measuring at least twenty inches in circumference. On the seventh day, the wound having nearly healed, patient was up out of bed. He died, however, abroad, about a year later, the disease having returned in the stump five months after the amputation.		N. Y. Hospital, 1855.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
108	Exsection of the Elbow Joint.—A secondary operation consequent upon a compound fracture. Patient recovered with a serviceable false joint. The humerus has been sawn off through the line of its lower epiphysis and the ulna, half an inch below the coronoid process. The radius appears to have been left untouched. The bones are light, rough, and porous.		N. Y. Hospital.
109	Caries of the Elbow Joint.—From a colored man 38 years old, who, six months previously, strained his elbow. At that time he felt something give way, and his arm fell powerless. Since then, he has had chronic inflammation of the parts, and fistulæ have formed opening into the joint. He was too much prostrated by phthisis to undergo any operation, and a few days later was carried off by an attack of peritonitis. Cavities were found in his lungs, but no tubercles elsewhere. The articular extremities of the bone are rough and porous, but, beyond that, the bones are not seriously affected.	Hospital Record, Case 41, 2d Surg. Div., 1858.	N. Y. Hospital.
110	Caries of Elbow Joint (exsection), the disease advancing but a short distance beyond the articular extremities, which are rough. The three bones were sawn through, each about half an inch from the joint.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
111	Caries of Elbow Joint, exsection. The disease is confined to the articular surfaces of the bones, which are roughened, and which have been sawn through within half an inch of the joint.		N. Y. Hospital.
112	Caries of Elbow Joint, exsection. —The humerus, the articular surface of which is rough and partly absorbed, has been sawn through an inch and a quarter above the joint.		N. Y. Hospital.
113	Caries of Elbow Joint. — Two inches of the lower end of the humerus, and a quarter of an inch each (measured from the joint) of the radius and ulna were removed by exsection of the elbow, for caries. The bones are rough and spongy, and have numerous bony spiculæ attached to their surface.		N. Y. Hospital.
114	Caries of Elbow Joint, exsection. —From a colored man 34 years old, with well-marked syphilitic antecedents, who, twenty-one months previously, began to suffer from stiffness of the left elbow. Chronic inflammation subsequently set in, and fistulæ formed, loosening the ligaments, and keeping the joint fixed in the extended position. Exsection was performed. The surface of the ulna was carious for the space of an inch below the joint, at which point it was sawn off. The radius was but little affected, and merely the head was removed.	Hosp. Rec. Case 325, 1st Surg. Div., 1857.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	The humerus resembled the ulna, and was sawn off three quarters of an inch above the joint. Free suppuration ensued, and patient began to fail so rapidly that two months later the arm was amputated, but he never rallied from the operation. The lungs contained numerous tubercles, and the other organs were healthy. (*Vide* Specimen No. 115.		
115	Elbow Joint, two months after excision of the ends of the bones for caries, patient meanwhile remaining in a depressed state of health. The ends of the humerus, radius, and ulna, are rounded off, and are covered by a pretty smooth layer of membrane about a line thick. (For history, *vide* Specimen No. 114.		N. Y. Hospital.
116	Caries of Elbow.—From a man 33 years old, in bad general health, who had, during the six months previous to admission, suffered at intervals from inflammation of the fore-arm, followed by the formation of sinuses, and the discharge of bony spiculæ. The whole of the ulna was found to be affected, and the disease soon spread to the elbow joint, which, on amputation, was found to be filled with pus, the cartilages having disappeared, and the bones being rough. The central part of the shaft is in a state of necrosis, and some new bone has formed around it. Towards the elbow joint the bone is more decidedly carious.	Museum Record, Case 42.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
117	Fracture of Ulna.—From a dwarf 44 years old, who died from a rupture of the kidney and spleen, one hour after a fall from the third story of a house. There is an extremely oblique fracture of the ulna just below the joint, separating the coronoid and olecranon process from the shaft, and also a fracturing off of the lower portion of the external condyle. The joint, however, is so much deformed by rickets, that the normal relations of many of the points are very much altered.	Hosp. Rec. Case 330, 1st Surg. Div., 1857.	N. Y. Hospital.
118	Fracture of Ulna and Dislocation of Radius.—Specimen of a dislocation forwards (upon anterior surface of external condyle) of the radius, with fracture of the ulna two inches below the joint—the fracture being nearly transverse, and the lower fragment riding forwards upon the upper. The orbicular ligament is ruptured, and the head of the radius is seen passing through a perforation in the supinator brevis muscle. Patient, a man of 42, fell some fifty feet, striking it is not known how. He died of internal injuries. There are no attempts at union.	Hosp. Rec., Case 127, 2d Surg. Div., 1858,	N. Y. Hospital.
119	Fracture of Ulna and Dislocation of Radius.—This specimen so closely resembles No. 118 that the same description answers for both, with the exception that the supinator brevis is not preserved in the latter. From a man who had his arm amputated about two		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	weeks after the injury, suppuration having supervened at the seat of fracture.		
120	Fracture of Radius (recent).—Its lower extremity is comminuted, and the whole is separated from the shaft by a plane of fracture passing, with slight obliquity, from within a quarter of an inch of the joint upward and backwards, and also rising higher on the radial than on the ulnar side of the bone. The articular surface is directed more backwards and towards the ulna than is normal; otherwise, there is but little displacement.		
121	Fracture of Radius (recent).—Its lower extremity has been comminuted, and separated from the shaft by a transverse fracture, commencing one eighth of an inch above the palmar lip of the joint, and running backwards and slightly upwards. Displacement trifling.		
122	Fracture of Radius (recent).—The lower end of the bone for the space of half an inch above the joint is comminuted, and is separated from the shaft by a line of fracture which is slightly oblique from the palmar to the dorsal, and from the ulnar to the radial side of the bone. Ulna intact; displacement trifling.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
123	Fracture of Radius (recent and impacted).—It is half an inch above the joint, nearly transverse, and attended by a driving upwards and backwards of the lower fragment, so that the compact tissue of the dorsal wall of the shaft has been forced into the cancellar structure of the lower fragment. There is present the usual tilting backwards and towards the ulna of the articular surface of the radius. The fragments are impacted, but not very firmly, so that they could be separated with but little force.		N. Y. Hospital.
124	Fracture of both Radii, just above their lower extremity.—Taken from a man 19 years old, who fell a distance of forty feet, striking it is not known how. He also had a compound fracture of the thigh, and died twenty days afterwards. On the left arm, the ulna is intact, and there is a fracture of the radius running obliquely from within a quarter of an inch of the palmar edge of the carpal joint upwards and backwards, and terminating in a transverse line an inch above the joint. This lower fragment is, besides, comminuted. On the right arm the fracture runs in the reverse direction, viz., from within a quarter of an inch of the dorsal aspect of the carpal joint upwards, and towards the palmar aspect of the bone. The line of fracture is also transverse, and there is only one small comminuted fragment on its palmar side. The lower end of the ulna is frac-	Museum Record, Case 72.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	tured obliquely in the same direction as the radii, commencing a quarter of an inch above the joint. During life, the ordinary silver-fork deformity existed, but no crepitus.		
125	Fracture of both Radii.—From a man 30 years old, who died of injuries received seven days previously by falling from the top of a derrick. Both wrists during life presented the ordinary aspect of the silver-fork fracture of the radius, with crepitus in both. The lower extremity of the left radius was fractured across transversely and without obliquity, an inch above the joint, the lower fragment, moreover, being comminuted. On the right side the scaphoid and semilunar bones are broken, and also the lower end of the radius, by a line of fracture which separates only its upper (dorsal) lip and its styloid process from the rest of the bone.	Museum Record, Case 94.	N. Y. Hospital.
126	Fracture of Radius (recent).—The lower extremity is separated from the shaft by a plane of fracture which is transverse both antero-posteriorly and laterally, half an inch above the joint. A portion of the dorsal lip of the lower fragment has been also chipped off. Displacement trifling.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
127	Fracture of the Radius (recent).—From a cabinet-maker, who received a compound dislocation and fracture of the right capus, by a fall of some thirty-five feet. The fore-arm was subsequently amputated, when there was found to be a fracture through the scaphoid and semi-lunar bones, and also one separating the styloid process with a large fragment attached involving the corresponding part of the joint, and finally, a chipping off and crushing of the dorsal rim of the articular surface of radius. The fore-arm presented the ordinary signs of this fracture.	Hosp. Rec., Case 266, 1st Surg. Div., 1858.	N. Y. Hospital.
128	Fracture of Radius (recent).—The only fracture of the radius consists in a chipping off of a small portion of the lower extremity, so as to separate the articular facet for the ulna from the rest of the bone. One of the carpal bones is also broken.		
129	Fracture of Radius and Ulna (recent).—The ulna is fractured transversely an inch above its lower extremity. The fracture of the radius is also transverse, and at a quarter of an inch above the joint, the lower fragment is comminuted and slightly displaced backwards, and is held firmly in position by the adjacent fibrous tissues.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
130	Fracture of the Wrist and Elbow.—From a man 26 years old, who died of a fracture of the skull and other injuries, received a few hours previously, by falling some 30 feet and alighting on his face, hands, and knees. Both bones of the right fore-arm were dislocated backwards, and with tearing off of the tip of the coronoid process of the ulna. The lower end of the same radius was fractured obliquely upwards and backwards, from within a quarter of an inch of the palmar edge of the carpal joint. The fracture was transverse and incomplete; for, a long, narrow fragment passing up from the styloid process was still continuous with the shaft. This connecting bony bridge is slightly bent so as to permit the articular surface of the radius to be slightly rotated towards the dorsal surface of the fore-arm. The lower extremity of the left radius was extensively comminuted for a space of two inches. The shaft alone is preserved; it is seen to be invaded by a longitudinal fissure running up from the fractured surface. The corresponding ulna is fractured nearly transversely two inches above the joint. The patella was also fractured and comminuted.	Museum Record, Case 87.	N. Y. Hospital.
130[A]	Head of Radius—removed for the cure of an ulcer on the bone—the upper part of which is still visible. The elbow joint was opened in the operation. The patient recovered, with the perfect use of the joint.		Dr. Watson.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
131 132 133 134 135 136	Fracture of the lower end of the Radius (casts). — These casts show the deformity characteristic of this species of fracture, viz., the carrying backwards of the hand, the dorsal and palmar prominences not on the same level, the adduction of the hand, and the prominence of the ulna.		N. Y. Hospital.
137	Fracture of the lower end of the Radius (cast).—The hand is carried towards the palmar aspect of the fore-arm, and the antero-posterior deformity is, therefore, the reverse of that in the previous casts. There is still present the abnormal prominence of the ulna and slight adduction of the hand.		N. Y. Hospital.
138	United Fracture of the Radius and Ulna, of fifteen years' standing. —The radius has been broken about half an inch above its lower extremity, and the lower fragment carried slightly upwards and backwards, taking the hand along with it. The angles have all been filled in and obliterated by new bone. The ulna appears also to have been fractured just above its lower extremity, and to have united with its lower fragment slightly inclining towards the radius. The muscles, and tendons, and ligaments, are preserved.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
139	United Fracture of lower end of the Radius, taken from an adult. The fracture originally existed through the radius, a little above the carpus. The lower fragment has been tilted downwards towards the palmar aspect of the fore-arm, and has, at the same time, been drawn upwards. In this position the fracture has firmly united; the carpal bones and hand have been carried along with the lower fragment, giving the case the appearance of a dislocation forwards of the wrist, the ulna resting upon the dorsal aspect of the carpal bones. The muscles, tendons, and ligaments are preserved. (*Vide* Specimen No. 140.)		Dr. Markoe.
140	Fracture of the Radius—(Picture) (*vide* Specimen No. 139, for description).—This drawing, as well as the others presented by him, was executed by the donor.		Dr. M. Morris.
141	United Fracture of Radius and Ulna, at nearly the same level, in the middle of the left fore-arm. There is considerable bowing towards the palmar side, but no diminution of the interosseous space. Dissecting-room case.		N. Y. Hospital.
142	Cast of a Congenital Deformity of the Hand, the place of which is occupied only by two thumbs, which arise from the carpus, and are equal in size. They each evidently have a metacarpal bone and two phalanges. As no		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	trace remains of the rest of the hand, the extremity is bifid, the fissure between the two fingers extending down nearly to the carpus.		
143	Scaphoid and Semilunar Bones.—From a man 21 years old, who had his hand caught by machinery, displacing the hand backwards, and producing a large wound on palmar surface of wrist, through which the semilunar and a part of the scaphoid bone protruded. The lower end of the radius was probably also fractured, while the ulna remained intact. The bones were removed, and patient eventually recovered.	Hosp. Rec., Case 631, 2d Surg. Div., 1853.	N. Y. Hospital.
144	Caries of the Carpus, rendering amputation necessary. The joint is laid open on its dorsal aspect, and the bones are seen loosened and eroded. The bases of the metacarpal bones are also involved, but the radius and ulna appear sound.		N. Y. Hospital.
145	Caries of Carpus.—The articular surface of the radius, all the carpal, and the bases of the metacarpal bones are affected, and present an irregular worm-eaten surface. The ulna is intact. The hand was amputated two inches above the wrist joint.		Dr. J. K. Rodgers.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
146	Gout.—From a boatman 45 years old, who was neither intemperate nor affected with any hereditary gouty tendency. Nine years ago he began to suffer from attacks of pain in a number of his joints, accompanied by inflammation, which left behind it a deposit of an opaque white subsubstance, which soon became hard and remained permanent. This deposit chiefly affects the feet, elbows, wrists, and hands. Patient also suffered from dyspepsia, and finally died from a combined attack of bronchitis and diarrhœa. The gouty deposit, which proves to be urate of soda, was in most places found under the fascia, or inclosed in separate cysts of areolar tissue. All the joints of the wrist and hand, and still more those of the feet, are thickly coated by this deposit, which has thus given rise to great deformity.	Museum Record, Case 73.	N. Y. Hospital.
147	Cartilaginous Tumor.—Removed with successful result, from the proximal phalanx of the middle finger of a laboring man. It forms a smooth spherical mass an inch and a half in diameter, and is in large degree osseous, the bone appearing to be deposited in a cartilaginous matrix. (*Vide* Specimen No. 148.)		Dr. Cheesman.
148	Cast of a Cartilaginous Tumor of the Hand, attached by a broad base to one of the phalanges. (For history, *vide* Specimen No. 147.)		Dr. Cheesman.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
149	Cancer of the encephaloid variety, developed upon the palmar aspect of the hand and proximal phalanx of one of the fingers. The tumor forms a mass of the size of a pigeon's egg, and was removed, together with two of the fingers.		Dr. Hoffinan.
150	Compound Fracture of Pelvis.—From a man, 43 years old, who died three days after having been crushed by a ferry-boat. The membraneous portion of the urethra was torn across, and carried upwards and backwards with the bladder, which latter was entirely separated from its pubic attachments. The left os pubis was detached from all the other pelvic bones, being fractured across at the ilio-pectineal eminence, and at the ramus near its point of junction with the ischium. The triangular and subpubic ligaments were ruptured, while the cartilage of the symphysis was attached, entire, to the broken os pubis, the sound one being entirely denuded.	Hosp. Rec., Case 185, 1st Surg. Div., 1858.	N. Y. Hospital.
151	Fracture of Os Innominatum and Dislocation of Femur into Pelvis.—From a man 22 years old, who fell some thirty feet, and died three days afterwards, of peritonitis. The left lower extremity was nearly immovable, shortened a quarter of an inch, without false point of motion, and with the toes everted. Crepitus readily detected by the hand at the crest of ilium. His urine,	Hosp. Rec., Case 860, 2d Surg. Div., 1857.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	which was not bloody, dribbled away from him. The os innominatum is broken into five large fragments by lines of fracture chiefly radiating from the bottom of the acetabulum, through which latter the head of the femur was driven into the pelvic cavity. The sharp point (A) of a fragment from the ilio-pectineal eminence had lacerated the lateral wall of the bladder.		
152	Exostosis, which consists in a prolongation downwards of the anterior superior spinous process of the right ilium, so as to form a tapering spur an inch or so long. At its base the bone is thickened and porous.		Dr. A. S. Doane.
153	Exostoses, in the form of numerous small spiculæ and nodules around the margin of the obturator foramen.		N. Y. Hospital.
154	Exostoses, resembling closely in form and situation those of Specimen No. 153.		N. Y. Hospital.
155	Cancer of the Pelvis.—Specimen consists of the os innominatum and upper part of the femur, from a middle-aged man, whose father had died of cancerous disease, and who himself was carried off by a similar affection involving the bones about the hip joint. The symptoms dated back eighteen months from the time of his death, which event took		Dr. Cheesman.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	place from the bursting of an abscess (caused by the irritation of the disease) into the peritoneum. There existed a fracture at the upper part of the femur for some time before death. The joint is seen to have been destroyed, and the bones which are preserved are so porous and soft as, to some extent, to have crumbled away.		
156 157	Femur, sawn in two so as to show the disposition of the osseous tissue in the head, neck, and trochanters, viz., the sponginess of the great trochanter, the denser texture of the head and neck, the thickness of the external table as it passes up on the the lower aspect of the neck of the bone, and its continuation upwards through the center of the head, by a process of very dense cancellar structure.		
158	Fracture of the Neck of the Femur, at the junction of the neck with the shaft. The trochanter major has been broken into an anterior and two posterior fragments, between which lies the cervix; which latter, moreover, forms with the shaft a greater angle than is normal. Specimen is evidently from an adult, and shows no attempts at union.		N. Y. Hospital.
159	Fracture of the Neck of the Femur.—From a girl 9 years old, who died from injuries received a few hours previously, by fall-		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	ing out of a window. The fracture is through the line of junction of the neck and shaft, and a fragment from the upper part of the great trochanter has, in addition, been broken off.		
160	Fracture of the Neck of the Femur.—From a man who died shortly after having jumped out of a window, fracturing his skull and receiving this injury of the right femur. The head and neck are separated from the shaft by a line of fracture running through both the anterior and posterior intertrochanteric lines. Below, the trochanter minor is broken off, together with a large fragment forming the posterior wall of the upper part of the shaft; and, above, the upper part of the trochanter major has been broken into several fragments.	Museum Record, Case 63.	N. Y. Hospital.
161	Fracture of the Neck of the Femur.—From a man 52 years old, who died of cerebral inflammation, three months after having fractured his skull and his right femur by a fall through a hatchway (*vide* Specimen No. 26). The fractured limb had firmly united, with one inch shortening. During treatment, a projection was observed on the inner and upper part of the thigh, but patient said that the prominence had existed before the accident, and that he had an injury of his hip some years previous to the last one. On examination, the fracture was found to run through	Hosp. Rec., Case 86, 1st Surg. Div., 1859.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	the line of junction of the neck with the shaft. The trochanter minor is broken off, and with it, from the shaft, a long splinter, which has been rotated forwards so as to give rise to the projection noticed during life. The trochanter major is broken into two portions, one of which has a fragment of the shaft, some eight inches in length, attached to it. These fractures are firmly consolidated by a deposit of porous bone chiefly in the region of the *anterior* intertrochanteric line and upon the upper end of the shaft, which has been forced up in front of the cervix, so as to rise almost to the level of the top of the femoral head.		
162	Compound Fracture of the Neck of the Femur, by a musket-ball, which entered near the trochanter on the front aspect of the thigh. The limb was removed the day after admission, through the hip joint; but patient, a man 23 years old, only survived a few hours. Almost the whole of the cervix has been destroyed, only a small portion of it remaining in connection with the superior aspect of the head of the femur. The trochanter minor is broken off through its base, and two fissures are seen running off through the great trochanter, while a third passes about half way across the articular surface of the femoral head.	Hosp. Rec., Case 1905, 2d Surg. Div., 1849.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
163	Fracture of the Neck of the Femur, simulating dislocation.—From a man 55 years old, who was first seen on admission into the hospital seventeen days after having fallen on the sidewalk during a scuffle, injuring his left hip. On examination, there was found half an inch shortening, eversion of the toes, slight flexure of the knee without adduction of the thigh; trochanter abnormally prominent and removed an inch backwards and downwards. Behind it, and resting low down over the dorsum ilii, was what seemed to be the head of the femur, and this was so related in its positions and motions to the trochanter, that all present considered the case to be one of dislocation backwards of the femur. Reed's method was accordingly employed to reduce it; but on abducting the thigh, a snap was heard, and the limb at once became freely movable, and afforded distinct crepitus. It was now found to be shortened one inch, with the toes everted, rotating on a shorter radius, and no longer followed in its motions, as before, by the supposed femoral head. It was, therefore, thought, that, with the luxation, an impacted fracture had existed, and had now been broken up, or that a fracture through the neck had taken place de novo. The limb was placed in the extended position, and patient soon became able to walk about, but with a decided halt. Some months afterwards, again the posterior prominence was found moving together with the shaft,	Museum Record, Case 112.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	as on the first examination. Two years later, the patient died. The head of the femur was found in the acetabulum, from which, it was evident, moreover, that it had never been dislocated. A firmly united extracapsular fracture of the cervix, with secondary fracture of the trochanter, was easily made out. One large fragment, embracing both trochanters, was displaced backwards, and had been mistaken for the head of the femur, while the end of the shaft which was drawn up, had simulated the trochanter. Hence, it is evident that an extracapsular fracture had taken place, and a fragment had been drawn upwards. These pieces had become partially united when seen on the seventeenth day, but had been again separated by the manipulation, after which final union had taken place. The specimen shows the original lines of fracture, the displacement of the trochanteric fragment, and the drawing up of the shaft, together with an abundant deposit of new bone about the injured parts.		
164	Impacted Fracture of the Neck of the Femur.—From a man 41 years old, who fell over the bannisters, a distance of two stories, and died two days later, with cerebral symptoms. The signs of fracture about the upper end of the right femur were obscure, consisting in severe pain on motion, eversion of the foot, shortening, which, after death, was found	Museum Record, Case 93.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	to amount to one inch, but no crepitus. On post-mortem examination, the neck of the femur, which was broken at its junction with the shaft, was found driven into and impacted in the cancellar structure of the trochanter major, the upper portion of which process was, moreover, broken off. The head of the bone is slightly sunken, but the angle between the neck and shaft, is unaltered. There was also on the same side, a fracture of the ascending ramus of the ischium, and one of the body of the os pubis near the acetabulum, the lip of which cavity was slightly involved.		
165	Impacted Fracture of the Neck of the Femur.—The history of this specimen is unknown; it is evidently from an adult, and consists of an impacted fracture. The neck, which is broken off at its junction with the shaft, has been forced into the cancellar structure of the trochanter so as to break off a large fragment of the upper and posterior part of the latter process. The upper part of the head of the femur is on a level with the tip of the great trochanter, and the angle formed by the neck and shaft is more acute than is normal. No attempts at repair.		Dr. W. H. Van Buren.
166	Fracture of the Neck of the Femur, apparently from a middle-aged person. The plane of the fracture passes through the neck,		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	just within the line of the posterior insertion of the capsule, except on the lower surface of the cervix, where the fracture extends half an inch farther down, namely, to the junction of the neck and the shaft. The upper and external part of the great trochanter has been broken off in three large fragments. There have been no attempts at union.		
167	Fracture of the Neck of the Femur.—From a young man who was carefully treated for two months in this hospital, for the above injury; at the end of which time, there being no union, the splints were removed, and the patient left the institution on crutches. He, however, fell into dissipated habits, and was admitted into Bellevue Hospital, a few months later, with a large abscess about the hip. This was opened, and from it was removed the necrosed head of the femur. Patient died within a week, and the upper part of the femur was then obtained. The fracture runs directly across the middle of the neck of the bone, and is thus intracapsular, with the exception, perhaps, of a small part at the lower surface of the neck, where the line of fracture diverges a little towards the great trochanter. Around and upon both trochanters are seen numerous spongy exostoses, while upon the upper fragment only one small osseous growth is seen upon the anterior surface of the neck.		Dr. Van Buren.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
168	Fracture of the Femur.—From a man 47 years old, who received the above injury by falling from a wagon, and died twenty-seven days later, in a typhoid condition, after passing through an attack of delirium tremens. The fracture was on the right side, was simple, with one inch and a half shortening, and on removal, presented no traces of union. The line of fracture is so oblique as to traverse the whole of the upper third of the bone, and it is continued up into the trochanter major, in the form of a fissure.	Hospital Record, Case 328, 2d Surg. Div., 1859.	N. Y. Hospital.
169	Fracture of the Femur (recent).—From an adult, and situated a little below the middle of the shaft. It is perfectly transverse.		N. Y. Hospital.
170	Fracture of the Femur (recent).—Oblique from without, downwards, and inwards, and situated in the upper third of the shaft. A fragment posteriorly, has, besides, been completely separated from the shaft.		N. Y. Hospital.
171	Fracture of the Femur, at its middle, from a man 19 years old, whose thigh was traversed by a musket-ball. The bone is broken obliquely, and a large fragment has been knocked off. Removed by amputation the day after the injury.	Museum Record, Case 53.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
172	Fracture of the Femur, a little below the middle. It is oblique, with overriding of the fragments to the extent of full two inches. A portion of the ends of the bone are necrosed, and some little bony matter has been thrown out, chiefly near the lower necrosed portion. Specimen removed by amputation some weeks after the injury.		N. Y. Hospital.
173	Fracture of the Femur.—From a man 36 years old, who, a year previously, had had a compound fracture of the same thigh, at its middle, which had united with three inches shortening, leaving a small sinus still open, through which a small fragment of wood was extracted on his re-admission, which was occasioned by a fracture at the same point, by a fall from a height. Patient died in six days, with meningitis, after which the specimen was removed. The bone is broken through the seat of the former fracture, at which point the overriding fragments had united by spongy bone, effused chiefly between their opposed surfaces, and in the receding angles left by the overlapping ends. The lower fragment of the shaft lay on the outer side of the upper one.	Museum Record, Case 25.	N. Y. Hospital.
174	Fracture of the Femur through the condyles. There are four fragments, and they are separated by two planes of fracture, one of which passes along the line		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	of the epiphysis, while the other crosses this one at an acute angle. An attempt was made for several weeks to save the limb, which fact explains the appearance of necrosis seen upon the lower part of the shaft.		
175	Fracture of the Femur, a short distance above the condyles, together with separation of the latter from each other by an irregularly T-shaped fracture. The separation seen through the epiphysis is doubtless due to maceration. This specimen (which shows no attempt at union), was taken from a patient who fell a distance of twelve feet, striking on his knee.		
176	Fracture of the Femur, by a musket-ball, partially spent, which passed through the popliteal space from behind forward, and lodged under the skin below the patella. The thigh was amputated, but patient, a woman 30 years of age, died three days later. The condyles were separated from each other, and from the shaft, and were both broken into several smaller fragments. The fracture through the shaft was irregular, and situated a hand's breadth above the joint. The round hole made by the ball in entering, is seen posteriorly, while in front no such regular aperture exists, the ball having driven a large splinter before it, and then passed on and shattered the patella. No attempts at repair.	Museum Record, Case 54.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
177	Fracture of the Femur.—From a man who had had his right knee jammed between the side of a ship and a box of two tons' weight, a few days previous to the amputation of his thigh. The shaft was fractured very obliquely a couple of inches above the condyles, the inner one of which, moreover, had been crushed inwards towards its fellow, and was traversed by several gaping fissures which incompletely separated it into several fragments.	Hosp. Rec. Case 806, 2d Surg. Div., 1859.	N. Y. Hospital.
178	Fracture of the Femur.—Specimen evidently consists of a portion of the shaft of a femur which had united after fracture. The fragments are now separate, but whether from maceration or violence in removing the specimen, is not known. There is a slight overriding of the ends, and the opposed surfaces have united directly, and without any surrounding callus, the only new bone consisting in a slender bony bridge arching across the receding angle left by the overlapping of the fragments.		N. Y. Hospital.
179	Fracture of the Femur.—It has been broken near its middle, into three fragments which have united, with a good deal of overlapping, by a spongy, bony deposit lying between the opposed surfaces, but not enveloping them. The medullary canal is obliterated.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
180	Fracture of Femur.—From a man 50 years old, who died of cystitis, etc., seven and a half weeks after receiving a simple fracture of the left femur by a fall. The shaft was fractured a little below the middle, and with but little obliquity. The upper fragment lay upon the anterior surface of the lower one, the ends overriding fully two inches. Union was quite firm by means of ligamentous bands. On maceration, however, there is found to be a small amount of porous bone, deposited in the receding angles at the ends of the fragments and along their sides, the whole forming a ring in a plane parallel with and not perpendicular to the axis of the shaft.	Hospital Record, Case 130, 1st Surg. Div., 1859.	N. Y. Hospital.
181	Fracture of the Femur, four inches above the knee, accompanied by a separation of the two condyles from each other by a line of fracture running up at right angles into the one first named. The condyles have united by porous bone situated between their opposed surfaces, while the fracture of the shaft has not united at all, owing, as was found on dissection, to the interposition of a portion of muscle between the fragments.		N. Y. Hospital.
182	End of a Femur, several months after amputation. The extremity of the bone is rounded off, and supports a few small exostoses. The medullary canal is still widely open.		Dr. Buck.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
183	End of Femur, after amputation, from a stump which remained open a long while. The bone tapers considerably, and has a few small exostoses upon it. At the tip, the medullary canal is seen still open.		N. Y. Hospital.
184	End of Femur, after amputation. The end tapers slightly, and is rounded off. It also shows a few small exostoses, and a partial closing of the medullary canal.		N. Y. Hospital.
185	End of Re-amputated Femur.—From a middle-aged man, whose thigh was amputated a little above the middle by Alanson's method for chronic arthritis of the knee with abscesses, the stump being left to granulate. On the eighty-first day, the stump not having closed, an inch and a quarter of the end of the bone was sawn off, after which the wound slowly healed. The bone presents an eburnated structure; and, at its end, there has been thrown out an irregular ring of porous bone, while in the center the medullary canal is still pervious, though considerably encroached upon by osseous growths from within.	Hosp. Rec., Case 821, 2d Surg. Div., 1859,	N. Y. Hospital.
186	Femur, from a patient whose thigh had been amputated at the middle. The end of the bone forms a smooth rounded knob, not enlarged, except near the linea aspera, where there are a few small exostoses. The medullary canal has been completely closed.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
187	End of Femur, after amputation. —The shaft tapers slightly, and has several large exostoses on its side. At the end is seen a small necrosed fragment, semicircular in shape, and with a thin prolongation not yet detached from the living bone, extending up on the inner surface of the medullary canal.		N. Y. Hospital.
188	Inflammation of the Femur, involving the whole bone from a hand's breadth below the lesser trochanter. The shaft is of more than twice its natural diameter, is very dense and heavy; and has its surface covered, especially posteriorly, by numerous exostoses. Below are seen two large cloacæ penetrating an inch or more into the substance of the bone, which latter, on section, is found eburnated throughout, and void of all medullary canal. The knee joint is intact. Specimen was taken from a man who had been affected with the disease for many years before death. It caused him, however, but trifling inconvenience.		N. Y. Hospital.
189	Exostoses on the Femur.—From the same subject that specimen 75 was taken from. The abscess arising from the diseased spine followed the psoas muscle, and opened on the posterior aspect of the right thigh at its middle. At the bottom of the cavity thus formed, were to be felt, partly exposed, the long, delicate, branching exostoses which are		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	seen springing from the upper third of the linea aspera and its immediate vicinity.		
190	Exostosis on the Femur, which was removed from an athletic negro, in whom it had caused no symptoms, and about the origin of which nothing was known. It consists of a mass of bone six inches long, springing by a large pyramidal base from the shaft below the trochanter minor, and passing downwards as a slender, tapering process, parallel with the femur. The whole resembles very much, in. shape, a snipe's head and bill—the head representing the base, and the bill the prolongation downwards.		N. Y. Hospital.
191	Chronic Inflammation of the Hip. —Specimen consists of the upper portion of a femur, which, in consequence of an attack of inflammation of the right hip twelve years previously, had become dislocated, and fixed in its new position by firm fibrous anchylosis, the shaft of the bone being flexed at a right angle to the pelvis. To obviate the deformity, the bone was cut down upon and sawn through a little below the trochanter, and the thigh straightened. Five days later, the patient, a man 30 years old, died from mortification of the limb. On examination, the lower fragment abutted against the upper, which formed a right angle with it, and over the inner side of this upper portion were stretched the	Museum Record, Case 34.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	femoral vessels, while the crural nerve was split into two portions, one passing outside and the other inside of the bone. (*Vide* Specimen.) The tissues surrounding the upper part of the bone were semi-cartilaginous in texture. The head was irregular in outline and much flattened, and had, moreover, sunken to the level of the great trochanter. The neck was but little changed, except that the notch on its upper surface, between the head and the trochanter, was filled in with cancellated bone.		
192	Caries of the Hip, evidently from an adult, and on the left side. Both the head of the femur and the acetabulum are carious; but the femur is little altered in shape, while the acetabulum has at its bottom a round perforation an inch in diameter, leading into the pelvis. In the region of the great trochanter are a number of exostoses, and on its outer surface is seen opening a canal leading into the substance of the trochanter, from which, doubtless, there had been removed a necrosed fragment.		N. Y. Hospital.
193	Caries and Exsection of Hip.—Specimen consists of the head and part of the neck of the femur, removed from the hip of a boy 8 years old, who was becoming exhausted by the progress of morbus coxarius of nine months' standing, attended by the forma-	Hospital Record, Case 926, 2d Surg. Div., 1859.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	tion of sinuses, the joint being open, but the femur not dislocated. A small fragment of dead bone was removed from the bottom of the acetabulum, which otherwise was tolerably healthy, the focus of disease being in the head of the femur, the cartilage of which was replaced by a pultaceous layer resting upon the cancellar tissue of the bone, which was softened and infiltrated with oil and pus. The line of junction of the epiphysis was still cartilaginous. At the end of nine months, patient left the hospital, with about three quarters of an inch shortening, and able to walk on his limb by the aid of a stick. One of the sinuses had not entirely closed.		
194	Caries and Exsection of Hip.—Specimen consists of the bones which formed the left hip joint of a man 18 years old, who died of prostration thirteen days after the head of the femur had been exsected by sawing through the neck of the bone, after opening into the joint from behind. The operation was performed upon a patient whose strength was gradually giving way under an attack of chronic inflammation of the joint, of ten months' standing, accompanied by the formation of abscess. On post-mortem examination, the thoracic and abdominal viscera were found to be healthy. The tissues around the joint were infiltrated with the usual gelatinous deposit. The shaft and trochanters of the femur	Hosp. Rec. Case 577, 2d Surg. Div., 1858.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	were tolerably healthy, the focus of the disease appearing to have been in the exsected head, which was carious and spongy, but not much altered in shape. The acetabulum was also affected, being greatly enlarged. Its floor was covered by a layer of lymph, except in two parts, where the bone was bare and diseased, so that, after maceration, a perforation admitting the tip of the little finger was found in the bottom of the cavity.		
195	Caries of the Trochanter Major.—From a scrofulous patient 28 years old, who was admitted with an abscess of three months' standing, on the posterior aspect of the right thigh. Subsequently, patient complained of pain over the trochanter, but he still was able to walk about until shortly before death, which occurred from some abdominal disorder, nine months after his admission, the abscess still remaining open. On examination, scarce a vestige was left of the cancellar structure forming the trochanter major. The neck of the bone, and even a portion of the head, were similarly affected, being hollowed into a large cavity bounded by the external compact tissue; which latter, moreover, was perforated by several large fenestræ in the region of the trochanter. The hip joint contained some ill-conditioned pus, but its cartilages were intact.	Museum Record, Case 88.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
196	Tubular Sequestrum, removed from the femur six weeks after an amputation of the thigh for disease of the knee joint. It forms a nearly complete cylinder five and five eighths inches in length.		Dr. Markoe.
197	Tubular Sequestrum, four and a half inches long—doubtless from the femur of a young subject—removed several weeks after amputation.		N. Y. Hospital.
198	Tubular Sequestrum, four and five eighths inches long, from a femur, several weeks after amputation.		N. Y. Hospital.
199	Tubular Sequestrum, evidently from the femur, after amputation. It presents the characteristic appearances, rising in the shape of a more or less perfect cylinder, becoming thinner as it ascends from its base, which is formed by a ring involving the whole circumference and thickness of the shaft. Above this base, the walls present externally a shelving surface, marked by numerous shallow pits; and, internally, a comparatively smooth and cylindrical figure, corresponding to the medullary canal. The tube measures four and three quarters inches in length.		N. Y. Hospital.
200	Another specimen of the same.		
200[A]	Sequestrum from the Femur, after amputation.		Dr. Watson.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
201	Another specimen of the same.		
202	Another specimen of the same.		
203	Tubular Sequestrum.—From a man 26 years old, whose thigh was amputated for a suppurating knee joint following an injury. For the first three months the stump healed kindly; but at the end of that time, this process ceased, and on probing, dead bone was detected. Three months later, after several attempts at removing the bone by simple traction, the end of the femur was cut down upon and a portion of involucrum removed by the chisel, when it was discovered that from a bony cylinder which had formed within the long tubular sequestrum, a small bridge of bone passed to the outer involucrum through an opening in the sequestrum, so that the latter was movable only to the extent of the opening through which the bridge passed. This bridge was removed, and the sequestrum then readily drawn out. It proved to be a nearly complete cylinder, some six inches long, with an external pitted surface and an internal smoother one, while above, it tapered off and ended in several long slender points. After this operation, the stump slowly healed, and at the end of a year from the thigh amputation, patient was discharged cured. In about six months, however, he was re-admitted, the stump having again ulcerated after a fall.	Hosp. Rec. Case 430, 1st Surg. Div., 1856.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	On this occasion, an inch and a half of the end of the femur was sawn off, after which the patient soon recovered. On maceration, this fragment is found to consist of sound but evidently new bone. It was thicker than the femur, and formed a somewhat expanded knob. At the surface of section it is seen to be composed of two distinct bony cylinders, the outer one thick, the inner one thin, while between them, a narrow circular vacuity existed, from which, doubtless, the sequestrum had been removed. The substance of both cylinders was spongy, and the medullary cavity bounded by the inner one, was normal in size and appearance.		
204	Necrosis of Superior Epiphysis of the Femur.—Specimen consists of a segment of the head of the bone, which has separated spontaneously through the line of the epiphysis. It was removed from a boy some twelve years of age, who was sinking under morbus coxarius, which affected both hips, and had produced a double dislocation upon the dorsum ilii. The soft parts had ulcerated so as to expose the head of the bone, which latter was attached by only a slender band of fibrous tissue.		Dr. Watson.
205	Necrosis of Femur, coming on spontaneously, and with acute symptoms, in a healthy man 17 years old. An abscess soon formed, and an opening was	Museum Record, Case 66.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	made over the internal condyle; through it bare bone was felt, and a copious discharge of pus took place, which finally led to patient's death by exhaustion, sixty-nine days after the attack. Previous to this, a separation at the lower epiphysis of the femur had taken place, allowing the shaft to protrude through the wound, while the tibia and lower fragment were drawn up behind it. The necrosed portion consists below of the entire circumference of the shaft, while, above, the inner portions alone seem to be involved; for though in many parts no line of demarcation is visible, in others the separation of the dead from the living bone has taken place, the dead being prolonged up along the medullary surface of the shaft by a bony shell which becomes more and more thin as it ascends, and presents, in a word, the same appearances as those so commonly seen in the long tubular sequestra after amputation. Corresponding to this upper portion, is a thin layer of new bone on the outer side of the shaft; besides which, no bony tissue has been formed.		
206	Necrosis of Femur, involving the shaft and its lower extremity as far as the epiphysis, from a boy who had long suffered under a scrofulous inflammation of the knee joint, which appeared to have originated between the shaft and epiphysis of femur, the two thus becoming separated. Be-		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	low, the whole thickness of the shaft is involved, while at the cross section, ten inches above, the inner layer alone seems to be involved. It is seen forming a tube in the center of the bone, separated by a narrow cavity from the outer layer, which latter is again enveloped in a thin lamina of new bone.		
207	Necrosis of Femur, at its lower end. Commencing at the line of the epiphysis, and involving apparently at that point the whole thickness of the shaft, it gradually tapers off into a slender conical prolongation, the termination of which is seen eight inches above, in the form of a spot of dull white bone on the medullary surface of the cross section. Around this portion of the shaft, and extending down anteriorly, is a thin layer of new bone. During life, an abscess had arisen, the femur forming one of its walls.		N. Y. Hospital.
208	Necrosis of Femur, at its lower end, giving rise to inflammation and partial anchylosis of the knee, and abscess of the thigh, in a female 16 years old. The symptoms which came on after exposure, were at no time very acute, and patient died exhausted eight months after the attack. A large necrosed fragment involving the posterior surface of the femur just above the joint is seen, partially detached, and accompanied by but slight attempts at the formation of an involu-	Museum Record, Case 58.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	crum. The bone about the epiphysis is spongy and extensively diseased, and has, to a great extent broken down, and thus allowed the condyles to be forced a little backwards.		
209	Necrosis of Femur, of six months' standing, coming on at first with acute symptoms, in a boy 14 years old, after bathing. An abscess formed and opened in the popliteal space, giving rise to a sinus. The knee joint became affected, and patient became so much reduced that it was deemed best, in view of the uncertain amount of disease, to amputate the thigh, after which operation patient recovered. On examination, the lower fourth of the femur was found a little expanded, the surface spongy, and in the cancellar structure of the condyles was a cavity larger than a pigeon's egg, opening in the popliteal space. It had very thin walls, and contained a loose, necrosed fragment of the cancellar structure. The knee joint contained a good deal of serum, and its synovial membrane was thickened.	Hosp. Rec., Case 230, 2d Surg. Div., 1858.	N. Y. Hospital.
210	Necrosis of Femur—Hæmorrhage. —From a man 23 years old, who had necrosis of the lower end of the femur for twelve years. A fistulous track existed, through which pieces of dead bone had been removed, and from it, for nine days before admission, repeated hæmorrhage	Museum Record, Case 2d.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	had taken place. All attempts to secure the artery at the seat of disease being unavailing, the femoral was tied; and on the bleeding recurring, amputation through the thigh was performed. Upon the femur, just above the condyles, is seen a smooth round hole an inch in diameter, entirely perforating the bone antero-posteriorly, and becoming more large and irregular in the popliteal surface. The sequestrum from it was found resting against the popliteal artery, which had an eroded opening in its side at this point, and was surrounded by tissues of cartilaginous hardness.		
211	Necrosis of Femur—Hæmorrhage.—Patient, a lad 14 years old, had suffered for four years with necrosis of a considerable portion of the left femur, consequent upon a contusion, which was followed by inflammation and suppuration. The hæmorrhage had occurred at long intervals once or twice previously, but had been moderate in amount and dark in color. On the last occasion, after a long walk, hæmorrhage, arterial in color, came on in great abundance, and recurred so constantly that the limb was amputated just below the trochanter, after which patient recovered. On examination, a cylindrical sequestrum six inches long, was found resting loosely in a hollow upon the inner side of the thickened shaft, and not surrounded by involucrum, so that its sharp upper edge had come directly against the femoral artery, and		Dr. G. Buck.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	had caused an ulcerated opening in the vessel one quarter of an inch long, and embracing one third of its circumference. This opening was probably closed by fibrinous clots.		
212	Necrosis, involving the whole circumference of a portion of the shaft of one of the long bones, apparently the femur. The shallow groove of separation has begun to form, and some irregular bony growth is seen upon the surface of the living bone beyond.		
213	Necrosis of Femur, with Fracture. —Owing to the presence of a very small and slender spiculum of dead bone between the two fragments, the union of the shaft, though bony, is not very firm, a cavity being left around the sequestrum.		N. Y. Hospital.
214	Necrosis of the Femur, following a compound fracture of the bone at its middle, caused by a fall through a hatchway. Patient, a man 19 years old, struggled successfully for many months with suppuration from this wound, and from another leading to a compound fracture into the elbow joint. At the end of six months the sinuses were enlarged, and a necrosed fragment some three inches long, and involving the whole circumference of the shaft, was removed, there being but little union in the femur as yet.	Hosp. Rec. Case 616, 1st Surg. Div., 1856.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	Patient lingered for four months longer, but was, finally, carried off by diarrhœa. The femur had partially united by a slender fenestrated bony arch, passing from one fragment to the other, but leaving an open space directly between them, in which the necrosed fragment had lain. The bridge was so frail as to be broken in removing the femur from the body.		
215	Fibro-Cartilaginous Tumor of the Femur, first appearing, six years previously, as a lump of the size of a pullet's egg, a little above the patella, in the person of a healthy farmer, 33 years old, free from any constitutional taint. It increased, with but little pain, and at the time of operation, involved the whole of the lower two thirds of the thigh, and measured thirty-seven inches in circumference. The thigh was amputated, and, on examination, the mass was found to spring from the periosteal surface of the whole circumference of the lower half of the femur, the shaft remaining nearly intact in the center of the tumor. This last had a nodulated surface, was elastic, and in some parts even fluctuating to the touch. On section, it was found to consist of numerous lobules inclosed in a dense fibrous structure, and in many points presented isolated, bony, and calcareous growths. No cancer cells. (*Vide* Specimen 216.)	American Medical Monthly (New York), April, 1859.	Dr. W. Parker.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
216	Fibro-Cartilaginous Tumor of Femur (photograph).—(For history, *vide* Specimen 215.)		Dr. Parker.
217	Cancer of Femur, coming on spontaneously five months before amputation, in a man 21 years old. The knee formed an unequal fusiform swelling, and the integument was red, shining, and traversed by large veins. It measured seventeen and a half inches in circumference instead of twelve and a half, as the sound one did. The disease was accompanied by severe pain and great constitutional disturbance. The whole of the lower third of the shaft is covered by irregular fungiform and spiculated bony growths. From these the condyles are comparatively free, they having rather become softened, and to a great extent disintegrated.	Museum Record, Case 12.	N. Y. Hospital.
218	Cancer (Encephaloid) of Femur, in the form of a superficially lobulated mass of the size of a child's head, growing from the lower and posterior parts of the femur, apparently originating in the cancellar structure of the condyles. Though the whole of the lower third of the bone is more or less altered by deposit, and the medullary canal blocked up, the outline of the shaft can still distinctly be traced. Patient died within a few months of the amputation, from development of encephaloid tumors in the lungs. (*Vide* Specimens.)		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
219	Caries of Femur and Tibia.—The lower extremity of the femur is slightly expanded, and presents near the joint—which has been involved—the usual worm-eaten appearance, with destruction of the external table. Posteriorly, some exostoses are seen along the linea aspera. The tibia is similarly affected.		N. Y. Hospital.
220	Caries of the Femur and Tibia.—The walls of the bones are very thin, their articular extremities rough, and the medullary tissue very soft. The joint was probably the chief seat of the disease.		N. Y. Hospital.
221	Caries of the Femur and Tibia.—From a patient who died of this disease of the knee joint. Both bones are carious, but more especially the tibia, and around the diseased portion a few bony outgrowths are seen.		Dr. Markoe.
222	Fracture of the Patella.—From a man aged 60, who received a simple comminuted fracture from a fall of some twenty feet. Patient died at the end of ten days, with peculiar nervous symptoms.	Hosp. Rec., Case 213, 1st Surg. Div., 1859.	N. Y. Hospital.
223	Fracture of Patella, transverse and at the middle. It has united by a strong ligamentous band an inch and a half in length, attached to the deeper-seated margins of the fracture.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
224	Tibia and Fibula, after amputation, a hand's breadth below the joint. The bones are slightly tapered, and their medullary end closed by a thin layer of smooth, compact, bony tissue. The bones do not adhere to each other.		N. Y. Hospital.
225	Gunshot Wound of Tibia, opening the knee joint.—From a man 26 years old, whose pistol fell to the floor and was discharged, the ball passing, as was afterwards more clearly ascertained, into the back part of the outer tuberosity of tibia, just below and to the inner side of the facet for the fibula. Thence it passed upwards, emerging upon the articular surface of the same tuberosity near its anterior margin. The perforation through the bone is round and regular, and accompanied only by some fissures traversing the head and upper part of the tibia. By the free use of local leeching, the inflammation was, for the first fortnight, warded off; but after that time, abscesses formed along the fibula, and the joint itself became involved in suppuration, rendering amputation necessary. The operation was performed on the thirty-ninth day, but pyæmia supervened, and proved fatal two weeks later.	Hospital Record, Case 469, 2d Surg. Div., 1856.	N. Y. Hospital.
226	Fracture of the Head of the Tibia.—From a man 32 years old, who died twenty-two days after having received a compound fracture of the head of the left tibia open-	Museum Record, Case 61.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	ing into the joint, the injury being caused by a blow from a heavy piece of iron. An attempt was made to save the limb, but profuse suppuration supervened, and patient sank. Both tuberosities are separated from the shaft by a line of fracture running across the bone an inch or so below the joint, and a small portion of the internal tuberosity is still further separated by a fracture running from the first one up into the joint.		
227	Fracture of the Head of the Tibia. —From a man who died a few days after having been crushed under a bank of earth. The tuberosities and a portion of the posterior wall of the shaft have been broken off by a fracture running very obliquely down and backwards from a little below the anterior edge of the joint. This main fragment is subdivided into three portions.		N. Y. Hospital.
228	Fracture of Tibia and Fibula.— From a boy 18 years old, who died of cholera morbus ten days after receiving the above injury from a fall. The fractures are on a level, about one inch above the ankle joint — that of the fibula transverse, that of tibia slightly oblique from below up and inwards. Scarcely any displacement. The periosteum on posterior surface of the bone is not torn. No attempts at union.	Museum Record, Case 43.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
229	Fracture of Tibia and Fibula, commencing at the same level, three inches above the joint—that of fibula transverse—the one of the tibia oblique from below up and inwards, and comminuted. No attempts at union.		N. Y. Hospital.
230	Ununited Fracture of Tibia (excision), at about the middle, and of six or seven months' standing, when the ends of the bone were sawn off and wired together, in the hope of procuring union. Patient, however, died of erysipelas. The fibula had united. (*Vide* Specimen 231.)		N. Y. Hospital.
231	Cast of an Ununited Fracture of Tibia, taken before the operation. The lower end of the upper fragment forms a marked prominence on the inner side of the leg, where it rests on the inner side of the lower fragment. (For history, *vide* Specimen 230.)		
232	Fracture of Tibia and Fibula, through the epiphysis.—From a boy 8 years old, who had his foot crushed by a heavy iron wheel which fell over upon it, producing a compound fracture of both bones through their lower epiphysis; *i. e.*, a quarter of an inch above the joint. There was also a fissure through the superior articular cartilage of the astragalus. The lim bwas removed by primary amputation.	Hosp. Rec., 1859.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
233	Fracture of Tibia and Fibula.—From a man 30 years old, who had his leg amputated thirteen days after an injury caused by his limb having been crushed by a bank of earth. The soft parts sloughed, and thus opened the ankle joint, and necessitated amputation. The ordinary signs of this fracture were well marked. The fibula is seen to be fractured transversely two inches above the joint; the internal malleolus is torn off, and the posterior margin of the articular surface of the tibia is broken into three pieces.	Museum Record, Case 22.	N. Y. Hospital.
234	Fracture of Tibia and Fibula (recent).—The internal malleolus is broken off, and the fibula is fractured obliquely one inch above its lower end.		N. Y. Hospital.
235	Compound Fracture and Dislocation of Ankle.—From a man 53 years old, who died after receiving the above injury by a fall upon the pavement consequent on a misstep. On admission, the foot was found dislocated inwards, the upper fragments of tibia and fibula protruding through a wound on the outer side of the joint. Inflammation set in, and patient died five days after the accident. On examination, the astragalus, together with the internal and most of the external lateral ligaments, was intact. There was a fracture of the fibula, commencing at the level of the ankle joint, and running so obliquely up and back-	Hosp. Rec. Case 690, 1st Surg. Div., 1857.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	wards as to leave a fragment of the fibula nearly three inches long connected with the astragalus. The internal malleolus was torn off, and the whole of the posterior third of the articulating surface of the tibia was comminuted and broken off by a fracture running up and backwards from within the joint, thus leaving several large fragments still attached to the astragalus below.		
236	Fracture of Tibia, Fibula, and Astragalus.—The only points known are that the specimen was removed from a man 23 years old, who died nine days after having received a compound fracture of the leg. The fibula is broken transversely, just above its lower attachments to the tibia, and again two inches above that point. The astragalus is nearly separated into an anterior and posterior half by a transverse incomplete line of fracture, and the lower end of the tibia for the space of three inches above the joint is crushed into five irregular fragments, one of which consists of the internal malleolus.		N. Y. Hospital.
237	Fracture of the Tibia and Fibula (cast).—In addition to the fracture of the fibula a couple of inches above the joint, the internal malleolus has been torn off, as is shown by the sharp elevated ridge at the lower end of the tibia. The sole is not everted —otherwise, this cast closely resembles Specimen No. 238.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
238	Fracture of the Fibula (cast).—The bone has evidently been broken a couple of inches above the ankle joint; and this, together with the rupture of the internal lateral ligament, allows the characteristic deformity to take place, viz., dropping of the heel and shortening of the dorsum of the foot; a depression at the seat of fracture and a prominence of the internal malleolus; and, lastly, abduction of the foot with eversion of the sole.		
239	Fracture of Tibia and Fibula.—From a man 45 years old, who fell as he was stepping upon the curb-stone, his foot turning under him. The fracture was at first simple, but suppuration ensued, and the ankle joint becoming involved, patient died in a typhoid condition, in a little less than two months after the accident. An oblique, firmly united fracture of the tibia is seen a hand's breadth above the joint; and below this, the tip of the internal malleolus has been torn off, together with a portion of the posterior lip of the bone. The fibula is fractured on a level with the joint, and has not united, while, a couple of inches above, is another very oblique and firmly united fracture of the same bone. At the seat of this old upper fracture, a slender fragment of the fibula projects towards the tibia, and is received into a cup-shaped exostosis springing from the side of the latter bone.	Hosp. Rec., Case 861, 1st Surg. Div., 1859.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
240	Fracture of Tibia, oblique at junction of lower and middle thirds—firmly united, with moderate anterior projection. The edges are smoothed off, and the depressions filled. At one point a small cul de sac is seen in the bone, indicating the former existence of a necrosed splinter. (Specimen found in the dissecting room.)		
241	Fracture of Tibia, oblique, and a little below the middle. It has firmly united with slight displacement backwards of one of the fragments. On section, the medullary canal, though encroached upon by bony deposit, is pervious, and, externally, the receding angles caused by the displacement are seen to have been filled up with bone.		N. Y. Hospital.
242	Fracture of Tibia and Fibula.—The fibula was fractured obliquely at its middle, and has united with some lateral displacement. The tibia was also fractured obliquely a little below its middle, and has united with some tilting forwards of the lower articular surface of tibia, produced probably by an attempt to diminish the projection of the sharp end of the upper fragment. This latter angle has, however, been subsequently rounded off.		N. Y. Hospital.
243	United Fracture of Tibia and Fibula, the latter being broken near its upper end, while the tibia has been traversed by sev-		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	eral very oblique fractures at and below its middle, separating the shaft into four fragments, all of which are firmly united by bone deposited between the opposed surfaces and in the cavities left by projecting angles.		
244	Fracture of Tibia and Fibula.—Both bones were fractured apparently at about three inches above the ankle, and have united with but little deformity; the enlargement and sponginess of the shaft of the tibia being due to inflammation, as is seen more clearly on section, which shows the medullary canal absent in the lower two thirds of the shaft, while over the same extent the bone is white and very dense; and in the normal portion of the medullary canal alone, presents traces of a cancellar structure.		N. Y. Hospital.
245	Fracture of Tibia.—Removed from a healthy man who died suddenly from a rupture of an aortic aneurism, while under treatment for the fracture, which had occurred twenty-one days previously. Union appeared quite firm, but after sawing the bone longitudinally, a slight degree of motion became perceptible. There were found but slight traces of inflammatory action, but the intermuscular and subcutaneous areolar tissue was infiltrated with blood for several inches above and below the point of fracture, as was also the substance of the slightly thickened periosteum,		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	while beneath this membrane no blood was found. The bone had been comminuted, but the fragments remained in good position. On removing the periosteum, which was easily separated, it was found to be adherent at the points where it covered the lines of fracture, at which points, moreover, there was a slight excess of uniting material, but scarcely enough of it to make a prominence perceptible through the periosteum. A similar state of things existed on the side of the medullary cavity. Between the broken ends, which were nowhere separated more than a line, the uniting substance completely filled the vacuity, and at one point where there was a projecting fragment of bone, the angle formed had been filled up by the ossifying material. There was thus neither ensheathing callus nor internal plug.		
246	Compound Fracture of Tibia, excision.—From a healthy man 21 years old, who sustained a compound fracture of the left leg by having it caught in a coil of a hawser. One inch from each broken end of the tibia was excised, and the bones brought into place. Copious suppuration followed, but patient rallied, and was slowly recovering, when he rather suddenly became comatose, and died with serous cerebral effusion, seven and a half months after the injury. The lower fragment is seen to be displaced inward, so that one half	Museum Record, Case 92.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	only of the sawn surface is opposed to the upper fragment. The union, which is quite firm, has taken place chiefly by numerous oblique bridges of bone, crossing between the cortical portions of both fragments, and by a prop passing between the thickened cancellated structure of the lower and the opposed edge of the upper fragment. The medullary portion of the upper fragment is dense, but has taken no share in the separation. The ends of the fibula override each other two inches, and are united by bony bridges passing between the contiguous surfaces, while the fractured ends are rounded off.		
247	Ligamentous Union of Tibia and Fibula, about three inches above the ankle, following a section of the bones made a year previously with a view of remedying a deformity of fourteen years' standing, consequent upon a fracture, which occurred in a boy three years old, and which had united at a right angle, so that the heel was drawn up, while the toes pointed almost perpendicularly downwards. The limb was very much atrophied, and the patient was of a scrofulous diathesis; and thus, notwithstanding the good co-aptation of the fragments, as seen in the specimen, the bones have respectively united by short fibrous bands, so that, the limb still being useless, amputation was resorted to.		Dr. Watson.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
248	Periostitis of the Tibia, involving chiefly the anterior surface of the shaft, and leading to a deposit over its whole length, of an exceedingly dense eburnated layer of bone, over an inch thick at the middle, gradually becoming thinner towards the articulations. The anterior wall of the shaft is also eburnated, and merges imperceptibly into this new bony growth, the superficial portions alone of which latter are rough and porous.		Dr. Markoe.
249	Periostitis of Tibia and Fibula, of long standing.—The bone is much thicker than it should be, and its surface more porous, while, from many points, irregular bony spiculæ and prominences arise. The upper half of the shaft, moreover, curves away from the fibula, and is twisted on its axis so as to throw the inner tuberosity an inch farther back than it should be. The fibula is straight, but is thickened, and presents numerous bony spiculæ.		N. Y. Hospital.
250	Periostitis of Tibia and Fibula, of long standing.—The lower half of each bone is chiefly affected. The fibula is of nearly double its natural thickness, and its surface very rough and spongy. On the fibular aspect of the tibia there is a thick incrustation of new bone upon the otherwise nearly healthy shaft.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
251	Osteitis of Tibia.—It is increased in diameter, and very dense and heavy, and on its surface are numerous bony deposits. The whole is doubtless due to chronic inflammation.		
252	Osteitis and Hypertrophy of Tibia. —Patient, a man 35 years old, states that eight years ago he had an attack of periostitis of the right tibia, with discharge of dead bone, and he also remembers that since early childhood this limb was longer than the other. He has had chancre and bubo once. Three weeks before admission he was seized with severe pain about the knee, and with swelling; these have been followed by extensive abscesses on the leg, and by severe constitutional irritation. A few days after his admission, the knee joint became involved, and the limb had to be removed, after which patient soon recovered. The tibia is three quarters of an inch longer than the other. Its diameter and its weight are greatly increased, its structure is very dense, and its surface rough. The shaft is moderately curved forwards, and is also twisted so as to throw the internal malleolus a little forwards. On sawing the bone in two, the medullary cavity is seen to be obliterated, and the lower half of the bone to be white and dense as ivory. Above this, the structure was more cancellated. It was in a state of suppurative inflammation, and contained two small	Hosp. Rec., Case 899, 2d Surg. Div., 1857.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	abscesses, one of which was within an inch of the articular surface of the external condyle, and had a sinus leading still further up towards the joint. The joint itself contained pus; its synovial membrane was thickened, and at its uppermost extremity was ruptured. The cartilages were softened, and over the head of the tibia, which was rough, they were eroded.		
253	Osteitis and Necrosis of Tibia, with anchylosis of knee and ankle joints. It was consequent upon a bruise and exposure to cold twelve years previously, and was taken from a man 20 years old. The ulcers now existing over the whole length of the bone, and through which dead fragments have been discharged, have at times entirely healed. Amputation through the thigh was performed, but patient did not survive. The specimen shows the femur to be healthy, with the patella anchylosed to the external condyle. The tibia is firmly anchylosed at both extremities, is of twice its normal thickness, and consists of a rough, irregular, spongy mass of bone hollowed out by numerous canals and cavities containing small fragments of necrosed bone. The fibula is also spongy, and has a well-marked curve backwards and inwards, so that it lies over the posterior surface of the tibia.	Museum Record, Case 95.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
254	Fibula, showing some small exostoses upon its lower extremity, which seems, moreover, to have been the seat of a former fracture.		N. Y. Hospital.
255	Caries of Tibia, from a strumous and evidently a young subject. The epiphysis (apparently the lower one) was similarly affected, and has become detached. The bone is diseased, and its porous cancellar structure is more or less exposed for a distance of three inches up the shaft, at which point a line of demarcation is forming so as to separate the diseased from the healthy bone.		N. Y. Hospital.
256	Strumous Disease of the Tibia.—The whole of one of its extremities is equally expanded, and the bone apparently partly carious and partly necrosed.		N. Y. Hospital
257	Caries of Tibia.—From a man 48 years old, with syphilitic antecedents, who for ten years previously had suffered at times with ulcers over the tibia, accompanied by the separation, either spontaneous or by operation, of necrosed fragments. Finally, the ulcers spread, and the tibia broke spontaneously near its middle, soon after which patient's thigh was amputated. The greater part of the shaft has entirely disappeared, and what remains of the bone is carious. The fibula is similarly affected, but to a less extent.	Museum Record, Case 89.	Dr. C. D. Smith.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
258	Caries of Tibia and Fibula.—Both of these bones at their lower ends are swollen; their surface is porous, and they are lighter than they should be. The disease has led to the necrosis of a piece of the styloid process of the tibia, and probably to inflammation in the joint.		
259	Caries of Tibia, involving the knee joint.—From a man 60 years old, who had for many years an ulcer over the upper part of the tibia, but had never suffered any pain until five weeks before admission, soon after which time a small abscess formed in the same neighborhood, and, at its bottom, rough, denuded bone was felt. Three weeks later an incision was made at that point, and a large piece of bone, containing the diseased portion, was removed by a chisel, and in it was found an abscess. The wound, however, sloughed, and a little later the knee joint became acutely inflamed, and the patient sank. The joint contained pus, and the cartilages were slightly eroded; their connection with the bones was looser than it should have been, and the cancellar bony tissue was soft and inflamed. The upper part of the tibia was enlarged and covered with many exostoses. In its interior was the cavity formed by the chisel, but no sinus could be traced from it up to the joint. The fracture of the femur is post mortem.	Museum Record, Case 65.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
260	Necrosis of Tibia, showing a shallow, oval, superficial cavity left after the removal of a sequestrum by trephining. The whole bone is seen to be very dense, and marked by numerous osseous deposits on its surface.		N. Y. Hospital.
261	Necrosis of the Tibia, after primary flap amputation, for an injury of the ankle, in a boy 15 years old. The stump remained in a sloughy condition for over a month, the bone being exposed. At the end of ten weeks this piece was readily removed. It consists of a ring involving the entire end of the bone, and also of a portion of the external table running up from it in a point.	Hosp. Rec. Case 411, 2d Surg. Div., 1860.	N. Y. Hospital.
262	Necrosis of Tibia.—From a man 22 years old, who, during convalescence from typhus fever, was attacked by a swelling over the center of the right tibia, which in a few days became painful, and increased in size. Some weeks later an incision was made, but without giving exit to pus. This wound has never healed, and into it now open several cloacæ, through which dead bone is to be felt, while for several inches above and below, the tibia is enlarged to nearly twice its normal size. At this time, some six months after the attack, the incision was enlarged, and a portion of soft bony involucrum removed, giving access to a cavity containing the sequestrum, which, after being broken at its middle, was		Dr. Markoe.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	readily removed. It forms a slender and irregular fragment about three inches long and a third of an inch thick. Patient soon recovered, and the cure has proved permanent.		
263	Necrosis of Tibia.—From a man 38 years old, of intemperate habits, and denying all venereal taint, who, about seven months previously, bruised his shin, thus occasioning a large ulcer which has never healed. This ulcer was prolonged by an incision, and a large mass of involucrum exposed, so hard that it could not be cut with a knife. A portion of it was removed and this fragment extracted. It is nine and three quarter inches long, over an inch broad at its middle, and tapering gradually to a point at each end. Both surfaces are rough and pitted, and the whole evidently consists chiefly of the external table of the shaft of the bone.	Hosp. Rec., Case 802, 2d Surg. Div., 1859.	N. Y. Hospital.
264	Necrosis of Tibia, consisting in a fragment three inches long, involving the external table merely. It was removed from the tibia of a girl ten years old, who had received a penetrating wound of the heel, which gave rise to acute inflammation of the periosteum.		Dr. Watson.
265	Necrosis of Tibia, following a very oblique compound fracture, commencing just above the joint and running upwards and inwards.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	The fibula has united by bone, but the tibia has not. This latter bone is thickened, and its surface spongy, and perforated by large fenestræ, through which is seen a long loose necrosed fragment half an inch in diameter, involving two thirds the length of the tibia, and extending into or near the medullary canal.		
266	Necrosis of Tibia. — Specimen showing a portion of the tibia two inches in length, in a state of necrosis, consequent, doubtless, upon the transverse fracture which crosses the bone at its middle. The incipient separation of the dead from the living bone is seen, and also the commencement of the formation of the spongy involucrum from the ends of the living portions of the tibia, with prolongations, on the deep-seated surface, which would soon have bound the two ends together.		N. Y. Hospital.
267	Necrosis of both Tibiæ, after fracture.—Specimen removed after death from a man who died some weeks after receiving a compound fracture of each leg. Above and below the fractured points there is on each bone a necrosed portion, involving the greater part of the circumference of the shaft. Above is seen a shallow groove, indicating the commencing line of separation, and on the living bone is an osseous deposit, which, in one point, has already formed an arch uniting the upper and lower fragments of the shaft.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
268	Necrosis of Tibia.—Specimen consists in a fragment of a tibia from a boy 10 years old, who received a double fracture of the leg (not compound) by a railroad car. At the end of a month, during which abscesses in the leg had formed, this fragment was, for the first time, found to be bare. Six weeks after the accident it was removed, and found to involve the entire circumference of the middle of the shaft for the space of two inches, having thus been detached by the original fracture. It lay embedded in a pliant involucral mass which partly surrounded it. Patient got well with a moderate amount of shortening. No precise measurement can be given, the other limb having been amputated. A thin layer of bony involucrum has been removed with the dead fragment, which latter is partially enveloped in this osseous case. The two are firmly adherent, except at the edges, where the shallow groove of commencing separation can be seen.	Hospital Record, Case 544, 2d Surg. Div., 1858.	N. Y. Hospital.
269	Necrosis of Tibia, involving the whole shaft between the epiphysis, with the exception of a small portion of the external table, from a boy seven years old, who, after getting wet, was seized with severe pain and swelling in the leg, followed by suppuration under the periosteum. Three months later, the fistulæ were laid open, and the whole necrosed shaft extracted, there being at the time no bony involu-	Hosp. Rec., Case 352, 2d Surg. Div., 1857.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	crum. The limb was kept in position on an inclined plane, and six months after his accident, patient walked out of the hospital with a new tibia but little shorter than that of the uninjured leg.		
270	Necrosis of Tibia.—From a strumous boy 14 years old, in whom the disease appeared after an attack of small pox, seventeen months previous to amputation. The specimen shows the whole shaft, between its two epiphyses, necrosed, and lying loose in a complete osseous casing, which is perforated here and there by cloacæ and large fenestræ.	Museum Record, Case 59.	N. Y. Hospital.
271	Necrosis of Tibia.—From a boy 14 years old, in whom the disease had begun spontaneously a year previously, with inflammation and suppuration involving the whole of the leg. Sinuses formed, and the tibia became thickened. Finally, hospital gangrene attacked the ulcers, and the thigh had to be amputated. The knee joint was found partially occupied and anchylosed by fibrous bands, while the ankle was intact. The whole shaft of the tibia is necrosed, and is inclosed in a casing of compact bone still closely adhering to its outer surface, so that no interspace can be seen between the two, except here and there, where some small fragments of the bone have become entirely detached, and lie loose in cavities a little larger than themselves. The periosteum	Hosp. Rec. Case 192, 2d Surg. Div., 1859.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	passed down upon the new bone above and below from the surface of the epiphysis, both of which were reddish and soft, but otherwise healthy.		
271[A]	An Exfoliation from the intermaxillar or anterior portion of the upper jaw, near the nasal plate.		Dr. Watson.
272	Necrosis of Tibia. — Patient, a scrofulous looking lad, 17 years old, had bruised his right leg a few days before admission. On the second night after the injury he first began to have pain in the leg, and the next day swelling appeared. Soon after admission, free incisions were made, giving exit to pus, and exposing to view the necrosed tibia. At the end of the fifth week, granulations were first seen, springing up around this dead portion, but at the seventh week the ankle joint became involved, and patient, who had hitherto been struggling successfully with the profuse, exhausting discharge, began to fail, so that at the end of the tenth week the leg had to be amputated just below the tuberosity of the tibia, at which point a separation of the dead bone from the living had taken place. After the operation, patient did well. With the exception of the superior epiphysis, the whole shaft was dead, while over the greater part of its length, and enveloping two thirds of its circumference, was a thick spongy layer of new bone. A sinus in the lower end of the bone	Hosp. Rec. Case 216, 1st Surg. Div., 1857.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	led down to within a line or two of the articular surface of the tibia, which last, as well as the superior surface of the astragalus, was porous and eroded, and covered with a layer of soft, red, gelatinous matter.		
273	Necrosis of Tibia.—The lower half of the tibia is greatly enlarged, and its surface is porous. The interior has been hollowed out into a large cavity containing a loose sequestrum, and from it pass out several sinuses, one of which has opened into the ankle joint, and occasioned its disorganization. The fibula is also enlarged, and is united to the tibia by numerous bridges of bone.		Dr. Watson.
274	Necrosis of Tibia, at its lower end, giving rise to a cavity communicating by several sinuses with the ankle joint. The necrosed fragment is about two inches long, and consists chiefly of the cancellated tissue. It is only partially detached, and on the surface of the living bone around, some new bone has been formed.		N. Y. Hospital.
275	Necrosis of Tibia, opening into the ankle joint. The lower half of the bone (from an adult) is enlarged to nearly double its normal diameter, its surface worm-eaten, and its substance to a great extent carious. There is seen a large, loose, necrosed fragment, consisting of the cancellar tissue, which has also evidently been		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	affected by caries. This fragment is of irregular shape, is some two and a half inches long, and extends at its lower end so far as to involve the articular surface of the joint, thus leading to destructive inflammation in it. N. B.—This lower portion has in part been broken off.		
276	Fibro-Cartilaginous Tumor, from the head of the fibula of a man 25 years old, who, since the receipt of a blow upon the right knee joint three years previously, had suffered at times with subacute synovitis of the part, and in whom, shortly before the operation, a small and but slightly movable body, very closely resembling to the touch a loose cartilage in the joint, was discovered, situated to the outer side of the patella. In operating, the tumor proved to be entirely extra-synovial, and to consist of a soft, but very tough, greyish growth, of the size of a pigeon's egg, which arose by a narrow pedicle from the head of the fibula, springing from the surface of the bone just beneath the periosteum. The microscope showed the tumor to be fibro-cartilaginous. Patient did well.	Hosp. Rec., Case 24, 2d Surg. Div., 1860.	N. Y. Hospital.
277	Cancer, involving the head of the fibula. In the center of the tumor, which is larger than a hen's egg, is seen the fibula, the walls of which are but little altered by the growth, which appears chiefly to spread from the		Dr. Watson.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	periosteum. The disease returned, and caused death a few months later.		
278	Cast of Malignant Tumor, on the outside of the leg of a man, 20 years old. It forms a mass as large as the fist, and apparently springs from the head of the fibula.		
279	Picture of one of Palmer's Artificial Legs, adjusted upon a man who had had his thigh, and also the leg of the opposite limb amputated.		
280	Another picture of the same.		
281	Amputation in Utero—spontaneous removal of the Foot.—From a man 45 years old, who says he was born with a deformity of the left foot; probably talipes varus. There has always been an ulcer on this foot, which had destroyed the toes so long ago that he cannot remember when it happened. This ulcer has continued gradually to spread, but without preventing his walking, until six months before admission, when it increased more rapidly, and was attended with swelling of the limb, so that now the leg presents at its lower extremity a very large bulbous ulcerated surface, without any trace of the projecting part of the foot. The ulcer having a malignant appear-	Hosp. Rec., Case 632, 1st Surg. Div., 1856.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	ance, and refusing to heal, the leg was amputated. The muscles were very fatty, and the arteries ossified. The bones of the leg, on maceration, are found to be covered with numerous irregular exostoses, which in some points bind the two bones together. Below is seen a distorted and carious bony mass, the remains, doubtless, of the astragalus, and this is anchylosed by bone to the articular surface of the tibia. No traces of the other bones of the foot. The middle, ring, and little fingers of patient's left hand, are joined together. The three proximal phalanges are distinct, but beyond this the bones cannot be isolated, and the fingers coalesce and taper off so as to resemble a fish's fin. The middle finger of the right hand has been amputated in utero, at the end of the proximal phalanx, and there are annular grooves encircling several of the other fingers, and also the toes, indicating a similar attempt at amputation upon them. Patient, three years later, is still in good health. (*Vide* Specimen 282.)		
282	Fungous Ulcer (cast) on the stump of a foot. (For history, *vide* Specimen 281.)		N. Y. Hospital.
283	Caries of Tarsus (wet preparation) of the bones of the foot, from same patient that Specimen 284 was removed from. The tissues on section are seen to be infiltrated and blended together by	Museum Record, Case 24.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	the effusions of the scrofulous inflammation. Various sinuses are seen opening upon the dorsum of the foot.		
284	Caries of Tarsus (dry preparation). —From a man 49 years old, who says the disease began with pain, etc., in his great toe, eight years ago, after an attack of small pox. The whole foot was greatly swollen, and sinuses had formed leading down to the diseased bone. Limb amputated. All the tarsal bones are involved, and they present a spongy, worm-eaten appearance. The joints are destroyed, and in several instances anchylosed. The same is the case with most of the phalangeal articulations. (*Vide* Specimen 283.)	Museum Record, Case 24.	N. Y. Hospital.
285	Caries of Tarsus.—Specimen removed by amputation, from a man 43 years old, who had suffered pain in the foot at intervals since childhood. Sinuses first formed eighteen months previously. The bones are seen to be in many points carious, while in other points bony anchylosis has taken place between them.	Museum Record, Case 41.	N. Y. Hospital.
286	Caries of Tarsus.—The os calcis has suffered most, and has become so soft as to break up into several fragments. The astragalus is also diseased, chiefly at its articulation with the tibia.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
287	Caries of Astragalus.—Removed by amputation of the leg, from a man 35 years old, who, for nine months previously, had suffered from a spontaneous inflammation of the right ankle, attended by the formation of abscess. The bones of the leg at their lower extremity were spongy and deprived of cartilage, and the joint contained some granulations and pus. Merely the outer shell of the astragalus was left, and that perforated like a sponge by numerous large openings.	Museum Record, Case 96.	N. Y. Hospital.
288	Caries.—From a girl 14 years old. The right foot was swollen, very painful, and at one point on its inner aspect, there was an ulcer, but no exposed bone could be detected. After remaining in the house four months, it was deemed best to amputate. The cartilages were intact, and so too the external compact layer of bone; but within, the bones were very soft, the cancelli enlarged, and their cavities filled with oil, so that a pin would pierce them.	Museum Record, Case 10.	N. Y. Hospital.
289	Caries.—Patient, a man 17 years old, states that fifteen weeks ago, after wearing a tight boot, he began to have pain in the right ankle. This was followed by swelling, redness, and abscesses, and the formation of fistulæ; through these, however, no bare bone could be felt. General health below par. Five days after admission, amputation through the leg was performed.	Museum Record, Case 100.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	The ankle joint was found open and filled with gelatinous matter. The bones were all so soft as to be readily divided by the scalpel, but the articular cartilages were unaltered, and were easily torn from the compact bone beneath, which was, moreover, thinner than a wafer, and very friable.		
290	Caries.—Patient, a man 17 years old, states that a year ago, after bathing, his left foot began to be painful and to swell. Abscesses degenerating into sinuses formed, and the foot presents now the ordinary appearances of chronic inflammation. Only at one point, where the probe could be thrust into the substance of the bone, could bare bone be felt. General health tolerably good. Amputation through the leg was performed, and the disease found to be a sort of fatty degeneration of the bones. The cancellar cells were rarefied and filled with fat, leaving but an extremely thin shell of round bone between them and the joints, which latter were intact.	Museum Record, Case 101.	Dr. Stone, Bellevue Hospital.
291	Fracture of a Metatarsal Bone.—The fracture was near its proximal end, and has united firmly by bone with but little irregularity.		
292	Deformed Great Toe (cast).—It is flattened out and misshapen, as if it had been crushed by a heavy weight. Amputation was resorted to. (*Vide* Specimen 293.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
293	After Amputation of Great Toe (cast).—To remove the deformity seen in Specimen 292.		
294	Sub-Ungual Exostosis.—Removed with good result from a young man, in whom it had first appeared after wearing a boot which was too short for the foot. This tumor, which was painful after much walking, or on being struck, rose up under the great-toe nail, and projected partially beyond it. Palliative treatment proving ineffectual, and the tumor continuing to grow, the distal phalanx was removed through its middle, and along with it the tumor, which was found to form an exostosis of the size of a pea, springing by a narrow neck from the surface of the bone, which latter appeared to be healthy. The more superficial portions of the growth were cartilaginous, the deeper ones bony.		Dr. Markoe.

SECTION II.

JOINTS AND TENDONS.

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JOINTS AND TENDONS.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
295	Tearing off of Flexor Longus Pollicis Tendon.—Patient, a man 35 years old, while his hand was resting on a flat piece of machinery, had the tip of his thumb (which projected about an inch) caught by the revolving eccentric, and torn off in an instant. The distal phalanx is found to have been crushed off just beyond the joint, and, fastened to the detached portion, is the tendon of the flexor longus pollicis, the whole of it having come away up to its muscular insertion, thus forming a band measuring, when fresh, eleven and a half inches in length.	Hosp. Rec., Case 502, 2d Surg. Div., 1858.	N. Y. Hospital.
296	Tearing off of Flexor and Extensor Longus Pollicis Tendons at their muscular insertion.—From an adult, the accident being caused by machinery. The thumb has been crushed off through the middle of its proximal phalanx, and with it has come off, still attached to the distal phalanx, both the flexor and the extensor tendon of the end of the thumb. Each measures about ten inches in length.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
297	Dislocation of both Shoulders, and Fracture of Coracoid Process.—From a well-built, middle-aged man, who died in the hospital from a fracture of the base of the skull, a few hours after having fallen headlong down a flight of stairs. Both shoulders were found to present the ordinary signs of dislocation into the axilla, and afforded crepitus on rotation of the humerus. The head of the bone on the right side rested in the subscapular fossa below, and an inch to the inner side of the coracoid process, and underneath the subscapular muscle, which was uninjured, except where it had been loosened from its scapular attachments, to make room for the head of the bone. The outer bony shell of the external tuberosity of the humerus was broken off from the head, and was retained in its normal position by a portion of the capsular ligament, and also by its muscles, all of which retained their attachments. The capsule was extensively torn on its inner and anterior aspects, being connected with the dislocated head only by a single elongated shred. The coracoid process was fractured through its base, and its apex was drawn downwards by its muscles. The long head of the biceps retained its relation to the outer tuberosity, having been torn from the bicipital groove. The injuries of the left shoulder were similar in every respect, except that the coracoid process was uninjured, and that the head of the bone was dislocated more	N. Y. Jour. of Med., Nov., 1857.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	directly downwards, and rested on the inferior border of the scapula, just below the glenoid cavity.		
298	Cast, evidently of a fracture at the lower end of the humerus, with slipping back of the lower fragment, together with the bones of the fore-arm, so as to simulate dislocation of the elbow.		
299	Dislocation of Elbow Joint (cast).		
300	Fracture and Dislocation of the Elbow.—The outer condyle of the right humerus appears to have been broken off, and the two bones of the fore-arm to have slipped up laterally, so as to rest with their articular surfaces upon the line of fracture left upon the humerus. This fractured surface has, moreover, become smooth and polished by the motions of the fore-arm. The parts appear to have been altered by inflammatory action, so that their positions only can be stated approximatively. (*Vide* Specimen 301).		N. Y. Hospital.
301	Fracture and Dislocation of Elbow.—A case very similar to Specimen 300, removed from a subject 40 years old, the distortion occurring in childhood. A portion of bone, which appears to be the external condyle of the left humerus, is detached; the two bones of the fore-arm have slipped up laterally, and rest		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	upon the fractured surface, which has become smooth from their continued motion upon it.		
302	Anchylosis of Elbow, produced by an abundant deposit of bone between the opposed articular surfaces forming the left elbow joint of an adult. The tip of the external condyle has disappeared, but otherwise the bones are in their normal relations, and appear healthy. The elbow is fixed so as to form a little more than a right angle, and the radius is semi-pronated.		N. Y. Hospital.
303	Anchylosis of the Elbow of the left side, consequent upon an unreduced dislocation backwards, without fracture, of both bones of the fore-arm. A good deal of new bone has been thrown out, chiefly upon the humerus, filling its coronoid fossa, and forming a bridge from the external condyle to the head of the radius. This slender bridge, and another passing down to a bony mass, filling the sigmoid notch of the ulna, form the only osseous connections between the arm and fore-arm, the other bonds of union being ligamentous. The elbow is fixed at a little more than a right angle, and the radius is supinated.		N. Y. Hospital.
304	Anchylosis of the Wrist.—Rough and irregular bony adhesions are seen connecting the distorted remains of the carpal bones, on one		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	side to the metacarpal, and on the other to the radius. The surface of this latter bone is also rough for some distance above the joint, from the irregular osseous deposit upon it. All of this tissue, though porous, is dense and firm, and has doubtless been poured out to repair previous disease.		
305	Dislocation of Femur.—Specimen of an unreduced dislocation backwards of fifteen years' standing, from an Italian 77 years old, who had doubtless never walked much upon the limb. He died of inflammation of the kidney, superinduced by a stone in the bladder. The left acetabulum is partially filled, especially posteriorly, by a growth of porous bone, which has also been irregularly deposited, chiefly upon the body and ramus of the ischium, and upon the trochanter major, and the front of the neck of the femur. The head of this latter bone is considerably flattened, but otherwise, neither the femur nor the os innominatum present any special changes in form or structure, the only attempt at the formation of a new socket consisting in a flattening of the upper margin of the sciatic notch, where the head of the femur rested.	Hospital Record, Case 745, 2d Surg. Div., 1857.	N. Y. Hospital.
306	Dislocation of the Femur, on the left side, taken from the body of a woman, about whose hip nothing was known. The bones are small, the expanded portion		Dr. Van Buren.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	of the ilium rises more perpendicularly than it does normally, and its outer aspect presents a plane instead of an arched surface. At its lower part, just above the greater sciatic notch, which is much enlarged, is a smooth, oval depression an inch and a half in diameter, and so shallow as not quite to reach the inner table of the bone. In this cup rested the atrophied and distorted head of the femur, in the shape of a small knotty knob, forming the termination of the shortened cervix. The femur is otherwise unchanged. The glenoid cavity forms a narrow triangular fossa, each of whose sides is about an inch long, and whose cavity is encroached upon by bony ridges growing from its walls.		
307	Dislocation of the Femur, consequent upon morbus coxarius in early life. The head of the femur has lost its spherical shape, and is small, irregularly nodular, and flattened. The neck is a little shorter than natural, but retains its proper angle with the shafts. The trochanter minor is much enlarged and elongated, and has a smooth, rounded extremity, evidently for articulation with a similar surface at the lower edge of the old acetabulum. Moreover, a strong rotation inwards of the shaft of the femur upon its axis has taken place, giving it a twisted appearance, and throwing the external condyle far in front of the inner one.		Dr. B. J. Raphael.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	The changes in the os innominatum consist in an almost complete filling in, and in an irregular contraction of the old acetabulum, together with a partial formation of a new one, just above it on the dorsum ilii, partly by absorption, and partly by the throwing out of a bony rim. The spine of the ischium is very short and thick, and is carried downwards, thus enlarging the greater sciatic notch. The groove for the obturator internus is quite shallow, but a little broader than usual. The dorsum ilii has less of a flare outwards than usual, rising nearly perpendicularly. On the pelvic side there is scarce any change, except, perhaps, a slight flattening, corresponding to the bottom of the old acetabulum. The twisting of the shaft above spoken of, is doubtless due to the great trochanter having been thrown backwards during life, so as to rest upon the os innominatum, thus occasioning eversion of the toes. To remedy this, the rotation inwards of the femur took place, restoring the toes to their normal position in walking.		
308	Colored Engravings of a congenital dislocation of both femora, and of an inversion of the bladder, from the same patient, with explanations by L. Voss, forming a pamphlet.		
309	Picture, apparently of a congenital dislocation of both hips.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
310	Dislocation of both Femora.—Patient, a German 27 years old, was struck, owing to the premature explosion of a blast, by a piece of rock, and received a deep, lacerated wound of the arm, and contusion of the loins. He could give no intelligible account of the mode of the accident. On his admission into the hospital a few days after the injury, it was observed that he could not raise his feet, and also that there was some deformity about the left hip, but this latter, he was understood to say, was congenital. The wound in the arm remained in an unhealthy state, and by sloughing and suppuration finally led to patient's death, some seven months after the accident, he being confined to his bed during his stay in the hospital. Meanwhile, two months after his admission, the deformity about the hip was found to be due to a dislocation backwards of the femur. An attempt at reduction was then made by pulleys, with but partial success; and in a few days the ordinary signs of dislocation into the sciatic notch returned. One month later, the right femur was found to be similarly dislocated. The autopsy showed both femora luxated backwards near the sciatic notches. The head of the left femur rests on the dorsum, just above the sciatic notch; the cartilage still remains, but is very thin, while none of the bony parts of the femur are changed in structure or shape. An extensive layer of new spongy bone, perforated by numerous fenestræ,	Hosp. Rec., Case 729, 1st Surg. Div., June, 1851.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	passes down from the dorsum ilii over the superior and anterior surfaces of the head and neck to the great trochanter, at which latter point alone it has become united to the femur. It thus forms a capsule for the head, and a long bridge from the trochanter to the pelvis, rendering the femur immovable. New bone, but in smaller quantity, has also been produced from the ischium in front of the sciatic notch, and aids to form a new socket for the head of the femur. The posterior ring of the acetabulum has been fractured off, and there are some small, bony knobs growing from the bottom and lower border of the cavity; but otherwise, the acetabulum is unchanged. On the right side, 1st, the head of the bone lies more directly in the notch; 2d, there is no fracture of the acetabulum; 3d, the amount of new bone is not more than half that on the left side, and it has united with the head of the femur in several points. With these exceptions, the description of the changes on the left side may be applied, word for word, to those which exist on the right. There is a bony union of a fracture of the left transverse process of the fourth lumbar vertebra, showing the blow on the loins to have been a severe one.		
311	Chronic Rheumatic Arthritis of the right hip joint.—Specimen removed from a colored man, between 60 and 70 years of age, about whom it is only known		Dr. Markoe.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	that he had been lame for many years, and that the joint had been very painful. On post-mortem examination, there was found to be very firm, fibrous anchylosis of the joint. This was destroyed by maceration, and the bones preserved. The acetabulum consists in a shallow, oval cavity four and a half by two and a half inches, formed by a porous but firm, bony growth, springing from the margin and the surface surrounding the old articular cavity, the outlines of which are distinctly traceable, though its depth is much diminished by a bony deposit in its bottom. The articular surface of all the new bone, though porous, is eburnated, smooth and shining, both here and on the head of the femur. This last has sunk so that its upper margin is on a level with the summit of the great trochanter, its neck is a little shortened, and the whole is distorted by an enveloping mass of bone similar to that deposited on the pelvis, which abounds more especially below, in the region of the trochanter minor. The upper extremity of the femur is thus transformed into a large knob, in which the normal points can be but indistinctly traced, but which closely fits into the altered acetabulum. At the upper part of the shaft, there is a marked bowing outwards of the femur, and upon it, some six inches below the trochanter, there is seen a small exostosis. Similar growths are also seen on the pelvis, chiefly affecting the crest		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	of the ilium and the rami. Judging from the sinking of the femoral head, there must have been half an inch of shortening in the femur during life.		
312	Chronic Arthritis of the Hip.—Specimen consists of the head and upper part of the femur, with the capsular ligament, taken from a patient who had for many years walked lame from a chronic affection of the left hip, the nature of which was not ascertained. The capsular ligament is seen to be greatly thickened, and its serous surface rough, opaque, and studded thickly with pediculated, villous growths, some of which are half an inch long. A cartilaginous body of the size of a shelled almond is seen attached to the membrane under the edge of the head by a very small pedicle. Several other unattached cartilages, varying in diameter from a line to half an inch, were floating loose in the cavity of the joint. (*Vide* Specimen 313 and 314.) The shoulder was similarly affected, but to a less extent, and contained two floating cartilages. The articular cartilage of the head of the femur is rough and irregular, and the round ligament is separated from the acetabulum, and flattened down on the head of the femur, upon which latter very few of these villous growths exist.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
313	Loose Cartilages from the hip joint.—(For history, *vide* Specimen 312.) They are irregularly rounded, with a nodulated surface, and about half a dozen in number, the largest, three fourths of an inch in diameter.		N. Y. Hospital.
314	Os Innominatum.—From Specimen 312. The acetabulum is deepened to the extent of half an inch by the growth around its edges of a thin layer of spongy bone. At one point in the front part of the floor of this cup, the compact tissue has given way, and exposed a small cavity beneath it, opposite to the bottom of which, in the pelvis, the bone is thickened and spongy. On the external surface of the bone, near the acetabulum, are seen several small exostoses.		N. Y. Hospital.
315	Erosion of Cartilages of Hip Joint, simulating fracture.—Removed from a man who died of tetanus, forty-three days after having been severely beaten. A large abscess formed on upper part of left thigh, and afforded a very free, purulent discharge. The left lower limb, ten days before death, was everted, shortened one and a quarter (!) inches, and gave a sensation of crepitus at the trochanter on rotation. The autopsy revealed that the hip joint was open; there was neither fracture nor dislocation, but the cartilages of incrustation had almost entirely disappeared. The bone had preserved its normal shape.	Museum Record, Case 40.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
316	Bony Anchylosis of Hip, without any known history.—The head of the femur is firmly anchylosed in the acetabulum. This cavity is a little enlarged, and the bone around it is in many places porous and incrusted with exostoses, thus rendering it probable that the anchylosis is the result of old, inflammatory action.		Dr. Buck.
317	Morbus Coxarius (cast).—Specimen consists evidently of a cast of the left lower extremity of a child affected with hip disease.		
318	Anchylosis of Hip.—From a man 18 years old, who died of phthisis, after having been a cripple for many years. The left femur is anchylosed to the pelvis in such a position that its shaft is fixed in a direction parallel to that of the horizontal ramus of the os pubis. The head and neck are greatly atrophied and altered, being confounded with an irregular bony growth springing from the cavity of the distorted acetabulum. The trochanter minor is very prominent, and the curve of the brim of the pelvis is more angular than usual about the acetabulum; but otherwise, there are no very marked changes. (*Vide* Specimen 319.)		Dr. Thompson.
319	Anchylosis of the Knee.—From the same person that Specimen 318 was taken from. The right knee is seen to be much distorted; the tibia is rotated on its		Dr. Thompson.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	axis, and is partially dislocated backwards, with the foot carried inwards, and the shaft forming a little more than a right angle with the femur. The union appears to have been chiefly fibrous, the patella alone being fixed to the external condyle by bone.		
320	Anchylosis of the Knee.—From a woman 38 years old, whose limb was amputated on account of a fracture received by falling down stairs. The knee was found to be firmly fixed in a slightly bent position, but this, she said, was the result of a disease of the joint, for which she had been treated twenty years previously. The bones have been sawn in two longitudinally, so as to show the numerous short, fibrous bands which connect articular surfaces to each other.	Hospital Record, Case 13, 1st Surg. Div., 1859.	N. Y. Hospital.
321	Excision of the Knee Joint (cast), 1844. — Patient was a robust man, 22 years old, whose right knee had become immovably anchylosed at a right angle, in consequence of suppuration of the joint, consequent upon a wound of the part by an ax, seven years previously. In operating, the joint was laid open anteriorly by a T-shaped incision, and a portion of bone, in the form of a wedge, removed, by sawing through the tibia and the condyles of the femur, after which, the hamstring tendons having previously been divided, the limb was brought into the ex-	Dr. Townsend's Translation of Velpeau's Surgery, Vol. II. p. 833.	Dr. Buck.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	tended position. Suppuration was moderate, and patient recovered with but few unpleasant symptoms. At the end of three months, he was able to walk on crutches, and at the end of six, he walked a couple of miles with the aid merely of a cane, the joint having become firmly fixed. The limb is about five inches shorter than its fellow, but about one half of this loss is due to the atrophied state of the limb before the operation. (*Vide* Specimens 322 and 323.		
322	Knee Joint after being Straightened by Excision (cast), performed by Dr. Buck. (For history, *vide* Specimen 321.) The slight prominence seen in the region of the condyles is partly due to a slipping forwards of the femur, the bones not having been wired together, and partly to a portion of the patella which was left in situ.		Dr. Buck.
323	Daguerreotype of the patient whose knee joint was excised by Dr. Buck. He is seen to wear an iron stirrup, to obviate the shortening of the limb. (For history, *vide* Specimen 321.)		Dr. Buck.
324	Excision of Knee Joint (cast).—Specimen consists of a cast taken before the operation of excision, performed on the left knee joint of a man 26 years old, who, four months previously, had received a severe gunshot wound, which	Hosp. Rec., Case 184, 2d Surg. Div., 1854.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	probably opened the joint, and which fractured the patella. The consequent inflammation, which had now almost entirely ceased, had led to great deformity of the limb. The tibia was partially dislocated backwards, and at the same time rotated on its axis, so that the toes were everted. The joint was, moreover, anchylosed in a slightly flexed position. A crucial incision was made anteriorly, and portions of the patella removed; then, after dividing the fibrous bands which passed between the femur and tibia, the articular surfaces of these bones were sawn off, and, finally, the limb was brought into the straight position, and the bones wired together. Patient did remarkably well, suppuration being very moderate, and in four months he was able to walk without crutches on his limb, which had become firmly fixed in a straight position, with one and a quarter inches shortening. A year or so later patient was again seen, and his limb, with the exception of the loss of the knee joint, was as well shaped and serviceable as the other. (*Vide* Specimen 325.)		
325	Knee Joint after being Straightened by Excision (cast), performed by Dr. Buck. (For history, *vide* Specimen 324.)		Dr. Buck.
326	Contraction of Knee Joint (cast). —The tibia is fixed at right angles to the femur; the knee joint is slightly misshapen.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
327	Contraction of Knee Joint (cast).—Evidently from an adult. The tibia is at right angles to the femur, and has slipped back slightly upon the condyles. (*Vide* Specimen 328.)		
328	Straightened Knee Joint (cast), representing Specimen 327, after treatment. The knee joint has assumed almost fully the extended position, but the tibia is still displaced a little backwards.		
329	Anchylosis of the Knee (cast), from a child. (*Vide* Specimen 330.)		Dr. A. C. Post.
330	Straightened Knee (cast).—This is a cast of Specimen 329, after the joint had been straightened, by Stromeyer's screw, so as to bring the tibia nearly into a straight line with the femur, instead of forming with it, as previously, almost a right angle.		Dr. A. C. Post.
331	Chronic Rheumatic Arthritis of the Knee.—From a man 49 years old, spare and thin in person, with convivial but not intemperate habits. He is free from hereditary tendency to struma or cancer, but a gouty diathesis is distinctly traceable in his family. He has enjoyed pretty good health until ten years ago, when he began to suffer from wandering pains in his body and limbs, aggravated by damp weather, and also with	Hosp. Rec., Case 512, 2d Surg. Div., 1858.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	slight weakness in his lower extremities, unaccompanied with pain in the back. These symptoms, with the addition, at a later period, of a slight incontinence of urine, continued off and on until a year ago, when patient was seized, after exposure to cold, with a rigor, followed by acute inflammation of the right knee. In a few weeks, however, he became able to get about, when, suddenly, eight months ago, something gave way in his joint, rendering it thenceforth incapable of supporting him. On being examined shortly after this last mishap, the inner condyle was found to be movable, and in this condition it remains. The knee is enlarged, but does not fluctuate, and is not tender; the skin is not discolored. The temperature is slightly elevated, and on measurement, the limb is shortened three quarters of an inch. The thigh was amputated and patient soon recovered. The joint contained a little red serum, and the synovial membrane was more vascular than usual, and also thick and opaque. Numerous villous and branching projections, many of them bulbous, and the largest of the size of three or four peas, were found springing in clusters from those portions of the synovial membrane not exposed to pressure. None of these bodies were detached, and, under the microscope, they were found to contain fibrous and cartilaginous tissue. The internal condyle, though freely movable, was attached to the shaft by fibrous		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	tissue; the cartilages of incrustation were opaque and thin, and the ligaments were greatly relaxed.		
332	Loose Cartilages.—Removed from the knee joint by a single incision. They were four in number. These two present a nodulated, flattened surface, and an irregularly rounded outline, and are about three quarters of an inch in diameter, by one quarter in thickness.		N. Y. Hospital.
332A	An Osseous Growth, developed among the deep muscles of the hip. Removed by operation.		Dr. Watson.
333	Loose Cartilage from the Knee.—Taken from a man 30 years old, who fell from a step-ladder some seven feet in height, striking upon the inner side of his right knee while it was flexed. On the twelfth day, a surgeon found a movable body in the joint, and applied a bandage in order to fix it. This, however, had to be removed on account of a synovial effusion, which still existed, on his admission into the hospital, three and a half months after the injury. A few days later the body was fixed in the cul de sac on the outer side of the quadriceps tendon, and was thence, through a subcutaneous incision, pushed from the joint into the areolar tissue, whence again, on the fourth day, it was extracted. Very little inflammation followed	Hosp. Rec., Case 211, 1st Surg. Div., 1858.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	the operation, and patient soon recovered. The body is disc-shaped, three quarters of an inch in diameter, and is of an osseo-cartilaginous character. All of its more flat surface, and a narrow rim around its more convex side, present a smooth, cartilaginous surface; the rest of the convex portion consists of a hard, finely granular, and bone-like structure. From near the circumference of the disc, moreover, there arises a small, flexible, cartilaginous pedicle, two lines long.		
334	Dislocation of Astragalus (cast). —From a man 49 years old, who, while his left foot was firmly fixed, was struck by a heavy weight on the inner side of the same knee, thus forcing the limb outwards, and producing a compound dislocation of the astragalus. This bone was, in a great degree, loosened from its attachments, and was also twisted upon its axis, so that its anterior surface turned towards the internal malleolus, and protruded through a large lacerated opening, which existed at that point. The foot was carried outwards and slightly everted. After dividing a few ligaments, the whole bone, which had only a small piece chipped from its upper surface, was removed, and the foot brought into place. Inflammation and abscesses ensued in the limb, and finally diarrhœa supervened, proving fatal at the end of forty-two days. On examination, no	Hosp. Rec., Case 11, 2d Surg. Div., 1853.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	fracture was found, except one of the fibula, half an inch above its lower extremity. (*Vide* Specimen 335.		
335	Cast of the Astragalus, removed from Specimen 334.		
336	Exsection of Astragalus (cast).—From a girl 23 years old, who fell from a step-ladder, catching her right foot in the lower rounds in such a way as to cause a compound dislocation of the ankle. The foot was turned inwards, at right angles to the limb, and the astragalus twisted so as to present its anterior extremity in the wound, which existed on the outer side of the ankle. After ineffectual attempts at reduction, the whole astragalus was removed, and the foot replaced. Moderate suppuration ensued, and the wounds were slow in healing, owing to the presence of some small fragments of necrosed bone, so that six months after the accident she entered the hospital, and remained in it for several months. On leaving, she was able to walk upon her foot, which preserved its shape to a wonderful degree, the chief difference being, that the contour of the ankle is less elegant than that of the other foot, owing to a flattening and thickening in the regions of the instep and malleoli. The heel is nearer the tibia than it should be, and the dorsum of the foot is shortened nearly an inch. Pa-	Hosp. Rec., Case 756, 1st Surg. Div., 1854.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	tient continued to earn her living as waiter in a private family, and suffered no ill effects from her injury during the remaining five years of her life.		
337	Talipes Varus (cast).—Patient, a boy 14 years of age, had congenital talipes of both feet; but a year after birth the deformity was overcome in the right foot by an operation. The toes of the left foot now point to the middle of the sound foot, the sole is turned backwards, and patient rests upon the outer part of the cuboid bone. The Achilles tendon, and those of both anterior and posterior tibial muscles, and a tense part of the plantar fascia, were divided, after which Stromeyer's apparatus was applied. As, however, no decided improvement was attained, and as the toes were an impediment to walking, the foot was finally amputated with success through the tarso-metatarsal joint. (*Vide* Specimen 338.	Hosp. Rec., Case 740, 2d Surg. Div., 1857.	N. Y. Hospital.
338	Cast.—Taken after the amputation for club-foot, described in Specimen 337.		N. Y. Hospital.
339	Talipes Varus (cast), evidently from an adult. The sole is directed backwards, and the toes are forced together, overlapping each other, and pointing towards the middle of the other foot. Patient walked upon the outer side of the foot, on a cushion		Dr. Buck.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	which formed over the region of the cuboid bone. (*Vide* Specimen 340.)		
340	Talipes after Treatment (cast).—The foot is so thoroughly restored that previous deformity would scarcely be suspected. The sole is flatter than it should be, and there is still some thickening over the cuboid bone. For the condition of the foot before treatment, *vide* Specimen 339.		Dr. Buck.
341	Talipes Equino-Dorsalis. — The foot is very much distorted, so that the toes point backward, while the dorsum of the foot rests on the ground, the flexion taking place chiefly at the astragalus, the cuboid joint, and the parts being retained in this position by a thick band of plantar fascia, passing from the tip of the os calcis to the internal cuneiform bone. Above, there has been fracture of the leg, and an obstinate ulcer, rendering advisable the amputation. (*Vide* Specimen 342.)		
342	Talipes Equinus (cast).—This was taken from Specimen 341, before maceration.		
343 344 345	Casts.—Showing various forms of talipes equinus.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
346 347 348	Casts.—Showing various forms of talipes calcaneus.		
349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364	Casts.—Showing various forms of talipes varus.		

SECTION III.

DIGESTIVE SYSTEM.

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DIGESTIVE SYSTEM.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
365	Tumor from the Parotid Region. —Specimen consists of a portion of a tumor removed from the above-named region. It was of four years' standing, and was supposed to be the parotid itself. On operating, the error was discovered, the tumor being found to be an enlarged gland, encysted, and lying over the parotid, of which no vestige could be seen.	Museum Record, Case 6.	Dr. J. K. Rodgers.
366	Tumor from the Parotid Region. —Removed from a female 26 years old, in whom it had existed for nine years. It occupied the entire space normally filled by the parotid gland. Eight months after the operation, patient remained well, her only trouble being paralysis of the left side of the face consequent upon the unavoidable division of the seventh pair of nerves. The tumor forms a tolerably well-rounded mass, some two and a half inches in its greatest diameter. It is superficially lobulated, and bounded by a well-defined capsule, and, on section, presents the appearance of schirrus.	Museum Record, Case 18.	Dr. A. E. Hosack.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
367	Tumor from Parotid Region.—Removed from a married woman 40 years old, in good general health, and free from hereditary taint. Seventeen years ago she first noticed a lump in the right parotid region, which, a year later, when of the size of an almond, was removed. Twelve years ago it returned, and grew to the size of a hen's egg in four years, when it was again removed. Three years ago the tumor reappeared, and is now an inch and a half in diameter, lobulated, prominent, but sessile, and movable upon the gland beneath. The skin is livid, there is no pain, and the motions of the jaw are not impeded. On removal, two smaller tumors were seen, apparently outgrowths from the larger one. This, to the eye, closely resembled in structure the parotid gland; the acini, however, were larger. It was well defined, and was separated from the parotid by an enveloping and adherent membranous layer, as seen under the microscope.	Hosp. Rec., Case 78, 1st Surg. Div., 1860.	N. Y. Hospital.
368	Cancer of Parotid Gland.—Specimen consists of cancerous tumor affecting the whole of the right parotid and submaxillary glands, and extending but little beyond their limits. The pharynx and larynx are encroached upon and pushed over to the left.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
369	Induration of the Areolar Tissue in and about the Tongue.—From a man 21 years old, in whom the disease began apparently with enlargement of the tonsils, and had spread thence to the tongue and parts below the lower jaw, impeding respiration so much that the larynx had to be opened. By treatment, the disease was in a great measure cured, when, after exposure, the swelling returned, and the larynx had to be reopened. The tongue now became so large as to protrude from the mouth, and patient finally died exhausted. The areolar tissue of the above-named region was the chief seat of disease, being of an almost schirrous hardness. The jaws could not be closed, even after death, and the edges of the laryngeal opening were ossified.	N. Y. Jour. of Med. and Surg. No. 7, p. 110.	N. Y. Hospital.
370	Cancer of the Tongue, of seven and a half months' standing, and commencing at the middle of the left side of the organ, in a man 22 years old, as a small, indurated ulcer. This induration gradually increased so as to involve the whole tongue, while the ulcer spread but little. There was some trouble both in swallowing and in respiration, with but little pain. About a fortnight before death, which occurred very suddenly, sloughing of the tongue set in, and destroyed the anterior third of the organ. At the autopsy the entrance to the larynx was found much obstructed, thus		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	accounting for the sudden death. The deposit was evidently schirrus. Other organs healthy.		
371	Cancer of Tongue and Epiglottis. —Patient was troubled for six months before death with great difficulty of deglutition. After swallowing, he always had some dyspnœa, which was sometimes so severe as to threaten suffocation. On these occasions a smart blow on the back would relieve him. He finally died of suffocation, when there was found to be a schirrous ulcer involving the root of the tongue, and also a thickening of the epiglottis. This latter, moreover, was found wedged down between the cornua of the os hyoides in such a manner as to close the glottis.		Dr. A. C. Post.
372	Post-Pharyngeal Abscess, from a child 4 months old. Difficulty of deglutition dated almost from birth, and, within a few days of death, this passed into absolute inability to swallow. The cavity of the abscess extended from the basilar process to the first ring of the trachea.		Dr. Buck.
373	Tubercular Ulceration of the Pharynx — Œsophagotomy. — From a man 24 years old, who, after a slight cough of a week's duration, became affected with difficulty of deglutition, which increased so rapidly that in three months he became unable to swallow any solid food whatever.	Amer. Jour. of Medical Sciences. Phila., Oct., 1844.	Dr. Watson.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	Patient stated that he had always had "a narrow swallow." As he was now rapidly failing, and as repeated attempts to introduce a stomach-tube through the pharynx had proved fruitless, the œsophagus was cut down upon on the left side of the trachea, and the constriction of the canal freely divided, after which a tube was introduced into the stomach through the wound, with great relief to the patient, who for the next three months enjoyed tolerable health, being nourished through the tube which, at first worn continuously, was subsequently introduced at each meal; part of the time through the nose, but latterly again through the wound in the neck. At the end of this time, an attack of double pneumonia supervened, and proved fatal in a few days. The autopsy showed the lower part of the pharynx and a portion of the œsophagus, for the space of four inches below the level of the arytenoid cartilages, to be occupied by an extensive ragged ulcer, around the margins of which were scattered numerous rounded masses evidently tuberculous. From the surface of the ulcer, moreover, two canals led into the trachea. The lungs were hepatized in part, but contained no tubercle. (*Vide* Specimen 374.)		
374	Œsophagotomy (picture).—(For history, *vide* Specimen 373.)		Dr. Watson.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
375	Poisoning by Sulphuric Acid.—Specimen taken from a woman 30 years old, who died eight days after attempting to swallow two ounces of sulphuric acid. She was unable to swallow either solids or fluids, and died chiefly from inanition. The mucous membrane of the whole œsophagus was soft and black; it is seen forming a cylinder entirely detached from the muscular walls beneath. The pharynx and stomach also presented a sloughy appearance.	Hosp. Rec., Medical Division. Died July 19th, 1859.	N. Y. Hospital.
376	Cancer of Œsophagus, forming a large irregular ulcer, with moderate thickening of the neighboring parts, involving the œsophagus at its lower portion.		Dr. R. K. Hoffman.
377	Stab of Stomach (emphysema).—From a man who died of peritonitis, three days after being stabbed in the abdomen. The wound was upon the anterior wall of the organ, and was about an inch long by a quarter broad. Its edges were found attached to the abdominal walls by soft adhesions at a little distance from the wound of the parietes. At the time of admission, two hours after the injury, well-marked emphysema existed around the wound. This subsequently spread slightly, so as to cover a surface a foot square upon the abdomen.	Hosp. Rec., Case 1090, 1st Surg. Div., 1859.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
378	Stab of the Stomach.—From a middle-aged man, who was stabbed in the abdomen shortly after a full meal. Patient, at the time, vomited blood; subsequently, peritonitis supervened, and proved fatal forty-eight hours after the injury. Effusion of lymph and serum into the cavity of the peritoneum was found; and also, upon the front wall of the stomach, this wound, which was (when recent) about a line in diameter. Through it the mucous membrane had prolapsed, and thus effectually closed the opening, so that even the gas with which the organ was distended could not escape through it.	Hosp. Rec. Case 974, 1st Surg. Div., 1859.	N. Y. Hospital.
379	Gunshot Wound of the Stomach. —From a man 33 years old, who died of peritonitis, two days after having been shot by a ball from a pistol. The missile entered between the seventh and eighth ribs, a little back of the cartilages, and passed downward through the diaphragm, cut out a large piece of the posterior wall of the stomach, perforated the descending colon, and then entered the deep muscles of the back. The viscera were all found glued together.	Museum Record, Case 110.	N. Y. Hospital.
380	Stomach, presenting at its pyloric extremity a group of mamellonations, forming, in some places, ridges, in others, single elevations of the mucous membrane; these latter being as large as peas, and the ridges having the same		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	diameter. The remainder of the stomach is healthy. During life, no symptoms indicating gastric disease were present.		
381	Stomach after Poisoning.—From a man who died some hours after having swallowed a large dose of hydrg. bichlorid. The cardiac and pyloric orifices are nearly uninjured, but over more than half of the remainder of the organ, the mucous membrane presents a leathery and mamellonated appearance, and in a few spots has been destroyed. The condition of the organ at the time of death, is not now known.		Dr. Archer.
382	Tumor of the Stomach.—It is situated upon the lesser curvature, and forms a prominence in the mucous membrane. It is conical, with a base half an inch in diameter, and has a small orifice at its summit. It is probably a greatly hypertrophied follicle. The neighboring parts are healthy.		N. Y. Hospital.
383	Ulcer of the Stomach, an inch and a half square, involving only the mucous membrane, and situated very near the pylorus of an otherwise apparently healthy organ.		
384	Ulcer of the Stomach, circular in form, about an inch in diameter, and resting upon the peritoneum, which alone has resisted the destructive process. Probably in		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	a few days more this coat too would have given way, and effusion would have occurred. Neither the adjacent mucous membrane nor peritoneum shows signs of diseased action.		
385	Ulcer of the Stomach.—It is oval, with a base three quarters of an inch in diameter, and rests upon the peritoneum, which, at the time of death, looked opaque and white, as if about to slough. The surrounding portions of the stomach appear healthy.		N. Y. Hospital.
386	Perforating Ulcer of the Stomach, of a funnel shape, admitting the tip of the finger on one side, and diminishing to an eighth of an inch in diameter on the serous surface. Above it is seen another smaller ulcer, which involves only the mucous coat. Specimen taken from a stout, middle-aged man, who was attacked, while in ordinary health, with peritonitis, which proved fatal in four days.		Dr. Buck.
387	Perforating Ulcer of the Stomach. —A large ulcer, nearly an inch in diameter, involving more of the mucous than of the serous coat is seen, situated in the vicinity of the pyloric orifice, and near the lesser curvature.		N. Y. Hospital.
388	Perforating Ulcer of the Stomach, somewhat triangular in shape, capable of admitting the index		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	finger, and involving more of the mucous than of the serous surface. It seems to be situated near the lesser curvature, and in the vicinity of the pylorus; otherwise, the stomach appears healthy.		
389	Perforating Ulcer of the Stomach. —No symptoms indicated the disease, until peritonitis set in. The ulcer, which appears to be situated at the edge of the pyloric orifice, admits at its smaller extremity, on the peritoneal surface, the tip of the little finger.		Dr. J. T. Metcalfe.
390	Perforating Ulcer of the Stomach, of a rectangular shape, nearly an inch square, and situated near the pyloric end of the stomach. From the old adhesions which surround and bind it to the liver which forms its base, it must have been of long standing.		N. Y. Hospital.
391	Ulcer of the Stomach situated directly upon its lesser curvature, oval in shape, a quarter of an inch long, and involving as yet only the mucous membrane. At one point the edges have been flattened, as if they were beginning to cicatrize.		N. Y. Hospital.
392	Ulcer of the Stomach which has healed. Converging towards it, are seen numerous radiating folds, indicating the contraction of the cicatricial tissue.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
393	Cancer of the Stomach, of the encephaloid variety, forming a flat ulcer some three inches in diameter, with elevated, circular edges, and involving in its borders the cardiac orifice of the stomach.		N. Y. Hospital.
394	Cancer of the Stomach, in the shape of an oval, superficial, schirrous ulcer, some two inches long, situated directly upon the lesser curvature of the organ. The tissues forming the base of the ulcer are thickened, but otherwise, the stomach appears healthy.		N. Y. Hospital.
395	Cancer of the Stomach, in the shape of a foul, circular ulcer, some four inches in diameter, whose bottom is formed of numerous irregular nodules, covered in many places by delicate, villous tufts. The organ appears to have been bound by numerous adhesions to the neighboring parts.		Dr. Markoe.
396	Cancer of the Stomach, in the shape of several masses of encephaloid matter, as large as pigeons' eggs, which project into the cavity of the organ, having their origin in its walls at about the middle of the greater curvature. Several enlarged glands are also seen, and one of them nearly two inches in diameter, situated above the lesser curvature, has been laid open.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
397	Cancer of the Stomach.—Patient, a man 53 years old, was first attacked four months before his death (which event was caused by gradual exhaustion), with pain in the stomach, most severe after eating, and this was also followed by prompt rejection of the swallowed food. He also vomited some acid and brown, grumous matter. No distinct tumor could be felt, but merely a fullness and tenseness of the epigastrium. On post-mortem examination, the stomach was large, and its pyloric orifice found to be surrounded by a mass of cancer obstructing the passage, so that it barely admitted the little finger. The liver contained numerous cancerous masses, some of them as large as a small orange. Other organs healthy.	Museum Record, Case 78.	N. Y. Hospital.
398	Cancer of the Stomach.—From a man 60 years old, who had enjoyed good health until nine weeks before death, when he began to suffer from uneasiness and pain in the epigastrium, and from occasional vomiting. These symptoms continued till death. On admission, a hard, knobby, tender tumor was detected in the left epigastric region. The autopsy showed cancerous degeneration extending through all the coats of both anterior and posterior walls of the stomach, throughout the whole pyloric half of the organ. The mucous membrane in some points had ulcerated, and exposed the submucous	Museum Record, Case 77.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	and muscular coats. Both orifices of the stomach were rigid from the deposit, but were not obstructed. The spleen, mesenteric glands, liver, and lungs, also contained cancerous deposits.		
399	Cancer of the Stomach.—From a man 50 years old, who, ten months before death, began to have enlargement of the abdomen, followed by tympanitis and œdema. On examination, a small,. movable, tender tumor was detected in the left hypochondriac region, and others near the umbilicus. Death was occasioned by an attack of acute peritonitis, when, for the first time, he was seized with vomiting. On examination, diffuse peritonitis with effusion of lymph and serum was found, but the immediate cause of the inflammation was not ascertained. The tumors, which, under the microscope, proved to be cancerous, were attached to the stomach. The larger one, of the size of a hen's egg, projected into the abdominal cavity from the greater curvature near the pylorus, and consisted, doubtless, of an enlarged gland. Another one, arising from the same point, projected into the cavity of the stomach in the shape of a large fungus ulcer, which did not involve either of the orifices of the organ. The other organs were healthy.	Hosp. Rec., Med. Div. Died Dec. 23, 1851. Pages 434 and 464.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
400	Cancer of the Stomach.—An ulcer some two inches in diameter, with a foul surface and a thickened base, is seen occupying a part of the pyloric orifice. It was taken from a man who had suffered for several years before death from pain in the stomach, flatulence, and constipation, together with gradual loss of strength. Towards the end of the disease he became subject to frequent attacks of vomiting, and had also œdema of the feet.		Dr. Cheesman.
401	Cancer of the Stomach.—From a man 38 years old, who suffered for four months before his death, with griping pains in the abdomen, and occasional vomiting. There was also moderate ascites, and death ensued after gradual emaciation and exhaustion. Encephaloid masses from the size of a pea to that of an orange, were scattered over the surface of the liver. In the stomach was a flat, circular ulcer, some five inches in diameter, occupying the greater curvature, and extending to within half an inch of the pylorus, the orifice of which was considerably contracted, while the duodenum again just beyond this was the seat of another cancerous ulcer, which formed a belt one and a half inches wide around the intestine. The mesenteric glands, and also the glands along the lesser curvature and the omentum, were all affected with cancer. Many of the mesenteric veins contained the same deposit within their	Hosp. Rec., Med. Div. Died Dec. 10th, 1857. Page 432.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	cavities. For the microscopical appearances of the masses, *vide* Museum Record, after case 112.		
402	Bezoar Stone, smooth, shining, elliptical, some three inches in its long diameter, removed from a cow's stomach. On section, it is found to be composed of a closely packed mass of short hairs.		Dr. Dascey.
403	Cyst on the Intestine, of an oval shape, three quarters of an inch long, attached to the ileum by a pedicle some two inches in length, which is hollow, so as to form a communication between the cyst and the gut.		N. Y. Hospital.
404	Rupture of the Jejunum.—From a laborer 34 years old, who died two days after having been struck upon the abdomen by a large stone, projected by the premature explosion of a blast. On post-mortem examination, the only external injury was a slight abrasion upon the abdomen. The peritoneum was inflamed, and adherent to the intestines by effused lymph. A quantity of fœcal matter and half digested food was found in the abdominal cavity, into which it had passed through a rounded rupture situated at the lower part of the jejunum, and measuring an inch in diameter. Higher up in the gut, a laceration of the serous and muscular coats only was found, permitting a hernia of the mucous membrane.	Museum Record, Case 14.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
405	Wound of Intestine, with Hernia. —Patient, a man 24 years old, had been the subject, for two years, of an easily reducible inguinal hernia on the right side. Shortly before admission he was stabbed on the same side of the scrotum, and the wound was found to be still bleeding freely; it was, therefore, enlarged, and a deep-lying vessel secured. Peritonitis, however, soon supervened, and this, together with the existence of a tumor in the inguinal region, led to the belief that the intestine had become strangulated. On operating, however, the swelling was found to be due merely to a mass of clotted blood which filled the sac. The inflammation continued, and in forty-eight hours the patient died. The autopsy revealed general adhesive peritonitis, together with four small wounds of the ileum situated in a cluster, and about two feet above the ileo-cœcal valve. This wounded portion lay some four inches distant from the internal ring; and, moreover, on bending it into the shape of a knuckle, it was clear that the four cuts could readily have been made by one and the same thrust; so that, doubtless, the injured part at the time of the stab, was contained in the hernial sac, which was also found wounded, and that it had subsequently retracted into the abdomen.	Hospital Record, Case 448, 2d Surg. Div., 1857.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
406	Traumatic Diaphragmatic Hernia. —From a young woman, who died five days after having been stabbed in various places with a pair of sharp-pointed shears. One stab passed in between the eighth and ninth ribs, in a line with the left axilla; through this, some omentum protruded. This was reduced, first into the cavity of the thorax, and thence into the abdomen. On post-mortem, pleuritis and peritonitis, chiefly adhesive, were found, together with a wound of the left lung. The omentum adhered to the wound of the diaphragm, but was not grasped by it. A second and smaller wound of the diaphragm is also seen, but it was closed by a layer of false membrane on its pleural surface.	Hosp. Rec., Case 921, 1st Surg. Div., 1859.	N. Y. Hospital.
407	Traumatic Diaphragmatic Hernia. —From a man 24 years old, who was stabbed on the left side, between the ninth and tenth ribs, at their middle. Through this wound some omentum protruded; it was reduced, and the external wound closed with sutures. Pleurisy, however, set in, and in forty-eight hours patient died. The wound was found to have passed into the pleura, without injuring the lung, and then to have pierced the diaphragm. Through this latter wound a portion of moderately congested omentum still protruded. It could, however, readily be pulled to and fro, as there were no adhesions binding it, nor were there any traces whatever of either	Hospital Record, Case 378, 2d Surg. Div., 1857.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	local or general peritonitis. The pleura contained a pint of bloody serum, and was highly inflamed.		
408	Intestine two and a half years after an injury.—Specimen consists of a portion of the abdominal parietes, and of the jejunum, removed from a patient who died two years and a half after having received a wound of the abdomen, involving two thirds of the calibre of the intestine. The jejunum at the point of injury is adherent to the parietes by a long and slender band, but no trace of a cicatrix in the intestine can be seen. In the muscular walls there is a depressed, circular hollow left by the retraction of the wounded muscles.		N. Y. Hospital.
409	Umbilical Hernia. — Forming a pedunculated tumor as large as a hen's egg at the umbilicus. Its interior is filled with omentum, which is seen passing into it from the abdomen.		N. Y. Hospital.
410	Traumatic Strangulated Hernia.—From a man 30 years old, who died of peritonitis seven days after receiving numerous stabs of the thorax and abdomen. One of the latter passed directly down through the peritoneum, on the outer border of the left rectus muscle, a couple of inches above the symphysis pubis. Through this wound, which would admit the end of the index finger, a knuckle of intestine, three inches	Hosp. Rec., Case 315, 1st Surg. Div., 1859.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	long, was found, after death, to have passed, after which it had dissected up a sac for itself beneath the external oblique muscle, without, however, giving rise to any noticeable tumor during life. This knuckle had become tightly constricted at the peritoneal opening, but had not lost its vitality. The wounds upon it were probably all made in removing the specimen, with the exception of one three quarters of an inch long, which existed upon the gut just to the abdominal side of the constricting ring. The intestine was adherent in many points to the parietes of the cavity in which it lay, and also to the opening through which it passed out.		
411	Intussusception of the Ileum of about an inch in extent, apparently taken from a child.		N. Y. Hospital.
412	Intussusception of the Intestine, from malignant ulceration of the ileo-cœcal valve. A tumor was attached to the small intestine, and by its weight caused the intussusception, which consists in a protrusion into the cœcum of the lower six or eight inches of the ileum, which has become doubled upon itself.		Dr. Van Buren.
413	Artificial Anus.—Two portions of the small intestines are seen leading to a common opening communicating with the exterior. The coats of the gut are much		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	thickened, and the two portions appear to have been adherent for a couple of inches from the external orifice. Their calibre is not at all diminished. Specimen taken from a person who had long suffered from this infirmity.		
414	Tumor of the Intestine, in the form of a long, narrow, deeply lobulated growth, nearly two inches in length, attached by a very slender neck to the serous surface of the small intestine. It is apparently a fibrinous connection, and was removed from a person who died without having presented any symptoms indicating its presence.		
415	Enlargement of the Glandulæ Aggregatæ.—They are seen forming wrinkled elevated patches, oblong and circular, one of the former being an inch and a half in length. Specimen taken from a negro boy, of whose intestinal disorder nothing was known.		N. Y. Hospital.
416	Perforating Ulcer of the Duodenum, forming a communication between the gut and the gall bladder, the coats of which latter are greatly hypertrophied. A cicatrix of a similar ulceration is seen in the immediate neighborhood. A large tumor of an encephaloid appearance is situated in the substance of the pancreas.		Dr. Hoffman.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
417	Tubercular Ulcers of Duodenum, consisting of several small, somewhat circular, ulcers of the mucous membrane. On the peritoneal surface are seen some lymphatic vessels filled with tubercular matter, and running from the vicinity of the ulcers to that of some enlarged glands.		N. Y. Hospital.
418	Jejunum, from a case of diabetes. —The mucous follicles are considerably enlarged so as to resemble grains of sand.		N. Y. Hospital.
419	Intestine after Chronic Diarrhœa. —Specimen shows a remarkable enlargement of the glandulæ solitariæ and agmenatæ throughout the whole of the ileum. Many of the former are as large as peas, and very prominent. The latter are superficially ulcerated. The patient had suffered for several weeks from free serous discharges from the bowels.		N. Y. Hospital.
420	Intestine — injected. — There are some small tubercular ulcers on the mucous membrane. The gut has been injected with size, and shows the arborescent and punctiform vascularity. At the bottom of one of the ulcers, the vessels have been ruptured, indicating their weakened condition.		N. Y. Hospital.
421	Tubercular Ulcers of Jejunum.— Two greatly elongated, oval ulcers, with elevated margins, are seen lying across the long axis of		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	the intestine, and involving the mucous and submucous coats. Upon the central point of each of them is seen a small slough still undetached.		
422	Tubercular Ulcers of the glandulæ solitariæ of the ileum, in the form of scattered groups of very small ulcers, the groups lying with their long axes across rather than parallel with that of the intestine.		N. Y. Hospital.
423	Tubercular Ulcers of the Ileum.—They are irregularly round, small, involve the mucous and submucous tissues, and are thickly scattered over the whole diameter of the gut. The largest are half an inch in diameter.		N. Y. Hospital.
424	Tubercular Ulcers of the Ileum, oval, half an inch in diameter, not deep. Their long axes transverse to that of the intestine. In the bottom of the lower ulcer are seen several tubercular masses, of the size of pins' heads. The walls of the gut are thin, except opposite the bases of the ulcers, where lymph has been thrown out. Numerous little rounded masses, apparently tubercular, are also seen scattered over the peritoneum.		N. Y. Hospital.
425	Tubercular Ulceration, involving the ileum just above the cœcal valve. A number of clean-cut, round, or oval ulcers, none over		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	half an inch in diameter, and having the muscular coat as their base, are scattered irregularly over the mucous membrane. The cœcum is not affected.		
426	Tubercular Ulcers of Ileum, just above the ileo-cœcal valve. Two of the ulcers are each an inch in diameter, and their base is formed by the muscular coat, which is seen exposed, as if by careful dissection. Other rounded but smaller ulcers are scattered about them.		N. Y. Hospital.
427	Tubercular Ulcers of the Ileum.—They are flat and oval, and an inch or more long, lying transversely in the intestine. They rest on the peritoneum, and involve much less of the muscular than of the mucous and submucous coats.		N. Y. Hospital.
428	Intestinal Ulcers of the Mucous Membrane, in various stages.—From the uppermost, the slough has not yet separated. From the next it has, exposing the deeper coats; while in the third, perforation has taken place.		N. Y. Hospital.
429	Perforating Ulcer of Ileum, of the tubercular variety. The opening is oval, two lines long, and situated at the bottom of a large ulcer, lying with its long axis transversely to that of the intestine. A few minute ulcerated points are seen upon other parts of the intestine.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
430	Ulcers of the Intestine—Feb. Typhoid.—The glandulæ solitariæ are enlarged, and Peyer's patches present the ulceration in its early stage. From a patient who died of continued fever.		N. Y. Hospital.
431	Ulcer of Intestine—Feb. Typhoid.—Involving, superficially, one of the Peyer's patches. From a patient who had continued fever.		N. Y. Hospital.
432	Ulcers of the Intestine—Feb. Typhoid.—Peyer's glands are seen forming very large ulcerated patches, still covered in many points with sloughy tissue. The solitary glands are enlarged, and a few of them are ulcerated.		N. Y. Hospital.
433	Ulcers of Intestine—Feb. Typhoid.—A portion of the small intestine is preserved, showing the honey-comb ulcers of Peyer's plates, and occasional ones of the solitary glands.		N. Y. Hospital.
434	Ulcers of the Intestine—Feb. Typhoid—involving Peyer's plates, which present the ordinary honey-comb appearance. At one point a perforation is about to take place.		
435	Perforating Ulcer of Intestine—Feb. Typhoid—the case terminating fatally by the occurrence of peritonitis, consequent upon a perforating ulcer of the ileum,		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	leaving a hole which admits the tip of the little finger. In the vicinity are seen other patches, some only swollen, others with a small slough upon them, and others with a clean, ulcerated surface. All of them are small.		
436	Perforating Ulcer of Intestine—Feb. Typhoid.—A portion of the small intestine is seen presenting deep ulceration of Peyer's plates. At one point the peritoneum has given way, thus occasioning fatal peritonitis.		N. Y. Hospital.
437	Perforating Ulcer of the Intestine—Feb. Typhoid.—The perforation is large, admitting the index finger, and must have involved the whole of the ulcerated surface, as the membrane surrounding the orifice appears healthy. Other ulcers, some of them apparently healing, are seen elsewhere.		N. Y. Hospital.
438	Perforating Ulcer of Intestine, from a patient who was recovering from a moderately severe attack of fever, when peritonitis suddenly came on, and proved fatal in a few hours. Two rounded ulcers, an inch in diameter, are seen, exposing the muscular coat, and at the bottom of one of them the irregular lacerated longitudinal slit is seen.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
439	Perforating Ulcer of Small Intestine.—It is round, two lines in diameter, and as large on the serous as on the mucous coat. There are no evidences of diseased action around its margins.		N. Y. Hospital.
440	Cancer of the Jejunum, forming a circular, flattened, encephaloid tumor, an inch in diameter, which projects into the cavity of the gut, but is still covered by the mucous membrane, leaving also the free surface of the peritoneum unaffected. Specimen taken from a man who died with encephaloid disease of the mesenteric glands and liver.		N. Y. Hospital.
441	Gunshot Wound of Cœcum.—From a man 30 years old, who died without reaction, of incipient peritonitis, about twenty-four hours after having been wounded by a musket-ball, which passed antero-posteriorly directly through his body in the right iliac region. The peritoneum was found inflamed, and a wound an inch in diameter was found in the caput-coli. The ball thence passed out through the sacro-iliac symphysis.	Museum Record, Case 57.	N. Y. Hospital.
442	Caput Coli, with its glandulæ distinct, but not ulcerated, and its surface covered by an extensive thin layer of false membrane.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
443	Ulcers of Caput Coli, small, circumscribed, and accompanied by great thickening of the mucous membrane. There is also ulceration, apparently of Peyer's plates, a little above the ileo-cœcal valve. Some enlarged mesenteric glands are seen in the immediate vicinity.		
444	Tubercular Ulcers of the Colon and lower end of Ileum, some of them very small and round, others large and irregular. They coincided with a constipated state of the bowels, the whole colon being filled with healthy and consistent fæces.		N. Y. Hospital.
445	Ulcers of Caput Coli.—They are numerous, irregular, and extensive, and involve the mucous and submucous coats.		
446	Perforating Ulcer of the Appendix Vermiformis.—Several small ulcers are seen, and one of them, circular, and a quarter of an inch in diameter, and situated within an inch of the end of the cul de sac, has perforated the gut. Specimen taken from a case of typhoid fever.		N. Y. Hospital.
447	Colon after Chronic Diarrhœa.—The coats of the large intestine are moderately thickened, and the mucous follicles are greatly enlarged, so as to form globular vesicles, many of them as large		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	as a pea, filled with inspissated mucus. A large number of them have a small opening at their summit.		
448	Colon after Chronic Diarrhœa.—The mucous follicles are enlarged, they form vesicles of the size of peas, and have large openings at their summit. Here and there superficial patches of ulceration of the mucous membrane are seen.		N. Y. Hospital.
449	Colon, presenting upon its mucous surface a number of irregular patches of tubercular granules, with here and there a small ulcerated point.		N. Y. Hospital.
450	Inflammation of the Colon.—Upon its mucous surface, which presents only a few minute points of ulceration, is spread a thin but extensive layer of false membrane.		N. Y. Hospital.
451	Colon after Dysentery, from a person who died within a week after being attacked with the disease. The mucous membrane is thickly studded with small irregular ulcers, which have not, as yet, laid bare the muscular coat.		N. Y. Hospital.
452	Colon after Dysentery.—A portion of the large intestine is preserved, showing the mucous membrane covered by numerous ul-		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	cers, mostly minute, superficial, and round, and also by an extentensive deposit, in patches, of a delicate layer of false membrane.		
453	Colon after Dysentery.—A portion of the large intestine is preserved, showing moderate thickening of the coats, and small, irregular, close-set ulcers of the mucous membrane.		
454	Colon after Dysentery, from a patient dying of that disease. The mucous membrane of the large intestine is seen covered by numerous flocculent patches of false membrane, and it is the seat also of many small ulcers, none of them very deep. All the coats are considerably thickened.		N. Y. Hospital.
455	Colon after Dysentery.—From a seaman, 23 years old, who, a fortnight after landing in New York, from a Liverpool ship, in good health, was seized with an acute attack of dysentery, the symptoms being, frequent bloody stools, abdominal pain, and tympanitis, tenesmus and fever, which proved fatal in seventeen days. On examination, the whole of the large intestine presented the ulcerations usual in dysentery. The mucous membrane had in many places sloughed, and patches of false membrane had been exuded. All signs of inflammation diminished gradually from the rectum up, till near the cœcal valve, where they entirely ceased.	Museum Record, Case 47.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	Above, this, however, Peyer's patches were found enlarged, and in some places ulcerated, as in typhoid fever.		
456	Colon after Dysentery.—Showing increased size of the mucous follicles, with, occasionally, ulceration of them, leading at one point to an extensive but superficial destruction of the mucous membrane. From a patient who died of acute dysentery.		N. Y. Hospital.
457	Colon after Dysentery.—Ulcers are seen destroying the greater part of the mucous and submucous tissues, portions of which are seen hanging in shreds. The walls of the gut are extremely thin.		N. Y. Hospital.
458	Cicatrized Intestinal Ulcers, from a man who died of dysentery, after four months' illness. For the last two months, the stools had become nearly normal in color and consistence, and were but little more frequent than natural, but patient had become so much reduced that he never rallied. On examination, the lungs contained many miliary tubercles, and the large intestines were of a dark color, and filled with patches of smooth cicatricial tissue, evidently the remains of former ulcers. Other organs healthy.	Museum Record, Case 20.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
459	Ulcers of the Intestine, cicatrized.—Two oval spots are seen, from half an inch to an inch in diameter, which were the seat of former ulcers. Their surface is slightly depressed, and numerous long, radiating folds pass off from them.		N. Y. Hospital.
460	Intestinal Ulcers, cicatrized.—At the upper part of the specimen is seen a group of several small round ulcers, the largest of the size of a split pea. Their surface has become covered by a layer of new tissue, which has, as yet, produced no puckering.		N. Y. Hospital.
461	Imperforate Rectum.—The gut, evidently that of a child, is seen ending by a rounded, and slightly dilated cul de sac.		Dr. A. C. Post.
462	Slough of the Rectum.—The gut was previously healthy, and the slough was caused by the administration, through an ordinary syringe, of a simple enema by a drunken nurse. The man lived for several months, but suffered from constriction of the rectum; he was subsequently lost sight of. The slough consists apparently of the mucous and submucous tissues, from the whole circumference of the gut, for the space of some three inches.		Dr. A. C. Post.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
463	Rectum after Dysentery.—The upper part of the gut is preserved. It is from a patient dying of acute dysentery of two weeks' standing. The coats are nearly half an inch thick, and the mucous membrane is raised into large, close-set, nipple-like eminences. A few slightly depressed spots are seen, which apparently are superficial ulcerations.		N. Y. Hospital.
464	Ulcers of the Rectum, from a case of dysentery. The mucous membrane has been to a great extent destroyed by irregularly shaped, superficial ulcers, and it is seen in many points hanging in shreds.		N. Y. Hospital.
465	Ulcers of the Rectum.—From a young man who died exhausted from diarrhœa, with the frequent discharge of yellowish, watery stools without blood; the disease having been contracted in the Mexican war. The rectum was found to be the chief seat of disease, presenting numerous small ulcers, some oval, others irregular. In a few instances, the tissues were destroyed so deeply as readily to rupture on being handled.	Museum Record, Case 15.	N. Y. Hospital.
466	Ulcer of the Rectum.—From a man who died after suffering from the ordinary symptoms of dysentery for 6 months, the disease having been contracted at Vera Cruz. The ileum was found congested and much softened, and at its	Museum Record, Case 5.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	lower part were a few scattered ulcers, not involving Peyer's plates. The large intestines were very dark in color, and presented patches of ulceration. On the rectum are seen a number of them, and at one point all the coats have been destroyed, except the peritoneal. Other organs healthy.		
467	Stricture of the Rectum, following tropical dysentery. After recovering from the acute disease, patient continued to suffer from frequent attacks of irritation in the rectum, with diarrhœa more or less constant. The obstruction gradually became greater and greater, until his entrance into the hospital, when it would not admit the little finger. Before any treatment was commenced, he was attacked with peritonitis, which had no apparent connection with the disease of the bowels, which proved fatal. The constriction commences about an inch above the anus, and is also an inch in length. Above this the canal rapidly enlarges, and soon resumes its normal calibre and appearance. Immediately surrounding the stricture, and extending for some distance above and below it, there exists a great thickening of the tissues, so that the walls of the gut are nearly an inch in thickness. In the constricted portion, which would admit a No. XII. catheter, and also a short distance above it, are seen several ragged, superficial ulcers of the mucous mem-		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	brane; which latter, moreover, in the narrow portion is thick, and raised into longitudinal folds.		
468	Gunshot Wound of the Liver.— From a man 31 years old, who died of internal hæmorrhage, eight hours after having been shot by a pistol loaded with buck shot. The wound is situated upon the lower surface of the left lobe of the liver, where is seen an irregular, lacerated opening an inch in diameter.	Museum Record, Case 83.	N. Y. Hospital.
469	Phlegmonous Inflammation of the Liver. — Pus was infiltrated through the hepatic tissue; and at one point the organ is disorganized, and is about to give rise to an abscess.		N. Y. Hospital.
470	Abscesses of the Liver, from a patient who died of peritonitis.— They form numerous irregular cavities, the largest of the size of a walnut. Many of them communicate with each other, and one of them has, in addition, opened through a narrow canal into the peritoneal cavity.		N. Y. Hospital.
471	Cyst of the Liver, situated in the substance of the organ near its free border. It consists of a serous sac, an inch and a half in diameter, with thin walls, marked internally by bands forming low septa.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
472	Cyst of the Liver.—It is two inches in diameter, and is situated in the substance of the organ immediately under the peritoneum, and near the suspensory ligament. The walls are thin and membranous, and ribbed on their internal surface.		N. Y. Hospital.
473	Cyst of the Liver, consisting of a thin-walled sac an inch and a half in diameter, with its inner surface ribbed, situated immediately beyond the fundus of the gall-bladder. The sack was filled with straw-colored serum.		N. Y. Hospital.
474	Cysts of the Liver.—The largest is half an inch in diameter; the others, which are numerous, vary in size from that of a pin's head to that of a pea. They form a cluster situated near the anterior free margin of the organ.		N. Y. Hospital.
475	Cirrhosis of the Liver.—A slice of the organ is seen, showing Glisson's capsule greatly increased in thickness, and the inclosed acini forming prominences varying in size from that of a pin's head to that of a pea.		Dr. A. C. Post.
476	Cirrhosis of the Liver.—Showing Glisson's capsule hypertrophied, and the glandular structure forming nodules, varying in diameter from a line to half an inch.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
477	Cirrhosis of the Liver.—Glisson's capsule is greatly hypertrophied, and the nodules inclosed by it vary in diameter from a line to an inch.		N. Y. Hospital.
478	Cirrhosis of the Liver.—From a middle-aged man, who died from a wound of the stomach. (*Vide* Specimen 378.) The liver was small, and weighed three and a half lbs. It was in a state of cirrhosis. The nodules were very prominent, varied in size from that of a pin's head to that of a buck-shot, and were so dark in color as to resemble varicose veins. They were separated from each other by broad bands of Glisson's capsule. The umbilical vein was pervious.	Hosp. Rec., Case 974, 1st Surg. Div., 1859.	N. Y. Hospital.
479	Tubercle of the Liver, in the shape of a single round nodule, half an inch in diameter, and situated upon the convex surface of the organ. Taken from a patient who died of tubercular disease of the brain.		
480	Tubercles of the Liver.—Forming numerous rounded masses, varying in diameter from a line to an inch, and scattered irregularly through the substance of the organ. The larger masses form prominences on its surface. Specimen from a negro who had extensive tubercular deposit elsewhere. (*Vide* Specimen 506.)	Museum Record, Case 13.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
481	Cancer of the Liver.—Its surface is rendered rough by numerous cancerous deposits, not much larger than a split pea, scattered upon it.		N. Y. Hospital.
482	Cancer of the Liver.—The surface of the organ is raised into low, rounded nodules, a quarter of an inch in diameter, caused by the deposit of scirrhus in its substance. On section, the glandular structure is seen in many places altered by a similar deposit.		Dr. W. H. Maxwell.
483	Cancer of the Liver, in the shape of a distinct rounded scirrhous mass, one and a half inches in diameter. Taken from a patient who died of scirrhus uteri, and who had other similar deposits in the liver.		Dr. Post.
484	Cancer of the Liver, in the shape of a number of scirrhous tumors, from half an inch to an inch in diameter, imbedded in the substance of the organ, and forming prominences on its convex surface.		N. Y. Hospital.
485	Cancer of the Liver.—On the surface of the organ is seen a low, flattened, encephaloid tumor, an inch in diameter, having a central depression. Patient had cancer elsewhere. (*Vide* Specimen 452.)		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
486	Cancer of the Liver.—A small, rounded mass of encephaloid matter is seen inclosed in a distinct capsule. It is half an inch in diameter, and lies near the surface of the organ.		N. Y. Hospital.
487	Cancer of the Liver (colored cast). Numerous large, rounded encephaloid masses are seen scattered through the substance of the liver, and many of them form elevations upon its surface.		
488	Melanosis of the Liver.—A circumscribed tumor of a brownish red color, and an inch in diameter, is seen imbedded in the liver just beneath its peritoneal surface. The mass, when recent, was probably of a much darker color than at present; in its center a small cyst appears to have existed.		N. Y. Hospital.
489	Liver.—Marked "a peculiar degeneration of the liver." It is dense, and its surface resembles very much that of a lump of beeswax, with numerous small white specks scattered over it. (Specimen put up in 1846 or 1847.)		
490	Biliary Calculi.—Grey and brown in color, not much larger than a pea, of irregular shape, with pretty sharp angles.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
491	Biliary Calculi.—Two in number, with a grey and brown surface, rough and tuberculated, and each about three quarters of an inch in diameter.		
492	Biliary Calculi. — Some larger, some smaller than a pea, of a dark-brown color; their surface even, and presenting several smooth facets.		Dr. Thompson.
493	Biliary Calculi.—Larger than peas, black, and their surface like that of a mulberry.		N. Y. Hospital.
494	Biliary Calculi, of the size of peas, and of irregularly rounded shape; their centers grey and the exterior black. They easily crumble into fine grains.		Dr. Thompson.
495	Biliary Calculi, with a grey interior, and coated with black, half an inch in diameter, and with several smooth facets.		
496	Biliary Calculi.—One of them with a grey coating has been broken open, and shows the brown color and radiating character of the central parts.		N. Y. Hospital.
497	Biliary Calculi.—From a woman 45 years old, who died of extensive cancerous deposits in the liver. The gall-bladder was nearly filled with calculi, only	Medical Division. Died Oct. 25th, 1859.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	two thirds of which are preserved. Patient had clay-colored stools, but no jaundice. The stones are of a light-yellow color, half an inch in diameter, and with smooth facets.		
498	Biliary Calculi, composed of cholesterine, seen lying in large number in the gall-bladder. They are of moderate size, and have a smooth, plain surface.		N. Y. Hospital.
499	Biliary Calculi, completely filling the gall-bladder. Four of them, the largest half an inch in diameter, have passed through the duct, and are in the act of entering the intestine. These stones all have broad, smooth facets on their surfaces.		N. Y. Hospital.
500	Biliary Calculus, spherical, about half an inch in diameter, firmly impacted in, and blocking up completely, the orifice of the cystic duct. Patient died intensely jaundiced and comatose. The gall-bladder contains no calculi.		Dr. Post.
500[A]	Broken Gall Stones.		Dr. Watson.
501	Spleen, with its surface extensively coated by false membranes, the result of old inflammation. In some points, the product has assumed the form of small, rounded masses, resembling tubercle.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
502	Tubercles in the Spleen.—From a child 6 years old. The organ is considerably enlarged, and tubercular deposits, of the size of a pin's head, are thickly scattered over its surface.		Dr. I. E. Taylor.
503	Tubercles of the Spleen.—It contains numerous masses of tubercle, varying in diameter from a line to half an inch. From a colored boy 14 years old.		Dr. G. A. Sabine.
504	Tubercles of the Spleen.—The organ is filled with rounded tubercular masses, some of them an inch in diameter. In these large ones the process of softening seems to have commenced.		
505	Abscess of the Spleen, an inch in diameter, formed, probably, by the liquefaction of the central portions of a mass of fibrin, deposited upon the superficies of the organ.		N. Y. Hospital.
506	Tubercular Abscess of the Spleen, forming a cavity an inch and a quarter in diameter, involving the superficial portion of the organ, which, besides this, is studded with small masses of tubercle. Taken from a negro 28 years old, who died of tubercular peritonitis, and had also extensive deposits in his lungs. (*Vide* Specimen 480.)		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
507	Omentum, condensed by the fibrinous effusion of peritonitis into a mass of not over a couple of inches square.		N. Y. Hospital.
508	Omentum.—Removed in an operation for hernia. It seems to consist of nearly half of the entire membrane.		Dr. Buck.
509	Tubercles on the Peritoneum, in the shape of countless rounded masses, varying in size of from that of a pin's head to that of a pea, and forming prominences upon the surface of the membrane.		Dr. Purple.
510	Tubercular Deposit upon the peritoneum, near the bladder and rectum, in the form of numerous small, flattened nodules.		N. Y. Hospital.
511	Calcareous Degeneration of a Gland.—In one of the mesenteric glands is seen a large, chalky concretion, of the size of the end of one's finger. On the intestine opposite to it there exists a tubercular ulcer.		N. Y. Hospital.
512	Calcareous Deposit in the Mesentery, in the shape of a rounded nodule half an inch in diameter, which is doubtless a degenerated gland.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
513	Pin from an Iliac Abscess.—The disease commenced six months previous to patient's coming into the hospital, with swelling in the right iliac fossa, accompanied by flexion of the thigh on the pelvis. The swelling increased slowly, but remained confined to the space in the iliac fossa above the outer half of Poupart's ligament. On admission, and previous to any indication of the near approach of pus to the surface, an opening was made just beneath the outer third of Poupart's ligament, and through it a director was passed up for an inch, when a large amount of flaky pus escaped. The discharge continued, and patient was gradually failing, when, at the end of four months, this pin was found at the mouth of the sinus. After its removal, patient slowly recovered, and six months later the abscess closed, since which time patient has remained in good health. The pin, an ordinary brass one, is seen to be encrusted, over the greater part of its length, with a rough, calcareous mass of the size and shape of an olive.	Hospital Record, Case 387, 2d Surg. Div., 1855.	N. Y. Hospital.
514	Abscess opening into the Colon.—The caput-coli and a part of the ascending colon are seen presenting several irregular openings admitting the finger, and involving a greater extent of the exterior than of the internal coat, indicating that the perforations were made from without inwards. They formed a communication		Dr. J. A. Swett.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	between the intestine and an abscess external to the gut, occupying the iliac fossa, and extending up to the liver. The remains of the walls of this cavity are seen on the outer surface of the colon.		
515	Abdominal Abscess discharged through the Lung.—Specimen from a female, showing extensive tubercular deposit and abscesses in the kidney; also, an abscess between the upper part of the kidneys and the diaphragm, which has perforated the latter, and the lower edge of the adherent lung, so as to open into the pleura, and also into one of the bronchial tubes. Patient suffered for a long time with this disease, among the first symptoms of which was hæmorrhage from the bladder and rectum. After these attacks, the urine became purulent, and continued so till death, which event took place from hectic. A few weeks before death, a slight cough came on, with a trifling expectoration, until after a time, when a profuse discharge of pus, amounting to a pint, took place from her mouth. After this she rapidly sank, and died in a few days.		N. Y. Hospital.

SECTION IV.

RESPIRATORY SYSTEM.

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RESPIRATORY SYSTEM.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
516	Polypus, supposed to be malignant.—Removed from the back part of the fauces. It forms a lobulated tumor, apparently with a broad base, and is an inch in diameter.		N. Y. Hospital.
517	Polypus Nasi, doubtless of the fibrous species; consisting of a flattened body, oval, some two inches long, with a short, thick pedicle at one of its ends.		N. Y. Hospital.
518	Œdema of Larynx (picture).—Drawn and presented by donor.		Dr. M. Morris.
519	Œdema of Larynx (picture).—Drawn and presented by donor.		Dr. M. Morris.
520	Laryngitis.—The larynx—evidently of a young person—is covered by a thin layer of false membrane, which does not extend below the cricoid cartilage, nor above the chordæ vocales. The tonsils appear to have been extensively diseased.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
521	Exudation of Croup.—Specimen consists of the larynx and trachea of a child which died of croup. A thick layer of the slightly adherent exudation is seen, completely covering the trachea, the larynx, and posterior surface of the epiglottis.		Dr. Hoffman.
522	Exudation of Croup.—The commencement of the bronchi, the whole of the trachea, the larynx, and the posterior surface of the epiglottis, are covered by the false membrane, which, however, does not extend up into the fauces.		Dr. Watson.
523	Exudation of Croup.—From a man 30 years old, who had had fever for some eight days. On the day after admission, he began to have pain in his throat and wheezing respiration. He lost his voice, and had a paroxysmal cough. A false membrane, too, could be seen on the velum palati and back of it. Next morning he seemed much better, but was suddenly seized with dyspnœa, and in five minutes died. A thick layer of false membrane extended throughout the larynx and trachea, and down into the larger bronchial tubes. The right lung, moreover, was inflamed.	Museum Record, Case 11.	N. Y. Hospital.
524	Fibrinous Cast of the Trachea, coughed up by a child suffering from croup. It died a few days later, but no lymph was found after death in the air passages.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	The length and shape of the cast show that it reached from the larynx to the bronchi.		
525	Fibrinous Cast of the Bronchial Tubes.—It was coughed up by an adult, who had suffered for about a week with what seemed to be severe bronchitis. Patient died two days later, but no post-mortem could be obtained. The specimen is about eight inches long, and consists of a cast of a bronchial tube of the size of a goose-quill, with numerous long and slender filaments, depending from it, some of which were evidently formed in the minutest tubes.		Dr. Swett.
526	Fibrinous Cast of the Bronchial Tubes, expectorated by an old man, a few days before death from pneumonia. Specimen is about an inch long, and consists of a nucleus from which pass off several slender, ramifying filaments, evidently casts of the smaller bronchi.		Dr. Macneven.
527	Gangrene of Larynx, said to be "following polypus." (Wax model.)		
528	Ulceration of Larynx.—The trachea and larynx are laid open anteriorly, so as to show tubercular ulcerations in the region of the arytenoid cartilages, so deep at one point as to expose the thyroid cartilage, bared of perichon-		Dr. J. L. Vandervoort.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	drium. A fistulous track is also seen leading back into the lower part of the pharynx.		
529	Ulcers and Abscess of the Larynx.—From a patient who died of phthisis, having suffered for nine months previously with partial loss of voice, stridulous inspiration, tickling in the throat, cough and expectoration, but having had no pain. An abscess is seen to have formed, external to the larynx, and to communicate with it by a minute fistulous track, opening just below the left vocal chord. On the right side, the chord has nearly been destroyed, and the whole larynx, moreover, is slightly distorted.		N. Y. Hospital.
530	Ulceration of Larynx, with Necrosis of Thyroid Cartilage.—Patient's symptoms closely resembled those of the subject of Specimen 529, but with the addition of local pain on pressure. The affection lasted about four months, and patient died of gangrene of the lungs. Just below the base of the epiglottis is an ulcerated opening, at the bottom of which the cartilage lies in a state of necrosis. Larynx otherwise healthy.		N. Y. Hospital.
531	Ulcers of Larynx, of the tubercular variety.—They are mostly small, round, and superficial, and are scattered over the mucous membrane of the larynx, and upper part of the trachea.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
532	Ulcers of the Larynx, involving chiefly the vocal chords and the laryngeal surface of the epiglottis. The ulcers appear as numerous minute round dots on the mucous membrane, and are superficial. Patient died of phthisis.		N. Y. Hospital.
533	Ulceration of the Larynx, chiefly limited to the course of the vocal chords. Posteriorly, the arytenoid cartilages are seen necrosed. From a patient who had been profusely salivated.		N. Y. Hospital.
534	Ulcerations of the Epiglottis, of syphilitic origin, and involving its apex. These ulcers have now healed; below there is an abscess exposing the external surface of the thyroid cartilage.		N. Y. Hospital.
535	Destruction of the Epiglottis, by disease of syphilitic origin.—Almost the whole of the projecting portion has disappeared. The larynx is healthy, with the exception of a few minute superficial ulcers.		N. Y. Hospital.
536	Ulcers of the Trachea, of the tubercular variety.—They are numerous, small, and superficial, and are seen on the mucous membrane, chiefly below the arytenoid cartilages, but they are also scattered over the trachea.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
537	Ulcers of the Trachea.—The ulcers are on its posterior surface, and lower extremity, numerous, small, round, and chiefly superficial. Taken from a person who died of phthisis.		N. Y. Hospital.
538	Dilated Bronchi.—On a section of the lung, many of the bronchi are seen running nearly to the pleural surface, without diminishing in calibre during their course, thus forming cylindrical instead of conical tubes.		
539	Serous Sac.—Cylindrical, as large as the end of one's thumb, attached by a thin elongated pedicle to the margin of the lung.		N. Y. Hospital.
540	Gunshot Wound of the Lung.—From a man 22 years old, who died two and a half days after a musket-ball had traversed his chest antero-posteriorly. The sloughy track, readily admitting the finger, is seen passing through the organ, the orifice of entrance being smaller and less ragged than that of exit.	Museum Record, Case 56.	N. Y. Hospital.
541	Self Reinflation of a Lung.—The organ had been compressed and bound down by old pleuritic adhesions. It has ruptured in several places this investing layer of false membrane, and is seen bulging out through these lacerated perforations, so that it would soon have regained its natural expanded condition.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
542	Gangrene of the Lung, giving rise to a tolerably well circumscribed cavity, some two inches in diameter, and situated just underneath the pleura, which membrane appears to have given way.		N. Y. Hospital.
543	Gangrene of Lung.—An irregular cavity of the size of a hen's egg is seen, and at its bottom a large pulmonary vein, opened on one side. Through this, hæmorrhage took place, proving fatal almost instantly.		N. Y. Hospital.
544	False Melanosis of the Lung.—From a patient 25 years old, who had worked for many years in coal mines, and who died rather suddenly with serous effusion under the arachnoid. The substance of the lungs was everywhere thickly strewn with a black deposit, which was also present in the lymphatic glands in front of the aorta, below the diaphragm.	Museum Record, Case 70.	N. Y. Hospital.
545	Miliary Tubercles of the Lung.—They are seen thickly scattered, in the shape of distinct little masses, as large as pins' heads, upon the surface of the section.		N. Y. Hospital.
546	Tubercular Infiltration of a Lung, which is very dense, and, on section, presents a smooth and nearly homogeneous surface.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
547	Cretaceous Tubercle of the Lung and Cavities.—The organ is seen to be occupied by numerous tubercular cavities, the uppermost of which is large, traversed by bands, and bounded by a dense thick wall. At one point a portion of the tubercular deposit has undergone the chalky transformation, and is seen, as a roundish mass, as large as the end of the little finger.		N. Y. Hospital.
548	Tubercular Cavities of the Lung, of great size, the entire lung being occupied by two cavities, each occupying the whole of a lobe, leaving merely a thin, superficial layer of lung tissue external to them. The upper one forms a large, clear chasm, while the lower still contains a good deal of tissue only partially destroyed, and apparently studded with tubercles.		N. Y. Hospital.
549	Tubercular Cavity of the Lung, of great size, and traversed by numerous large vessels, which have resisted the ulcerative process.		N. Y. Hospital.
550	Cancer of Lung.—A small encephaloid tumor, round, flattened, and half an inch in diameter, is seen projecting beneath the pleura. At its center is a shallow depression.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
551	Cancer of Lung, consisting of two round, flattened masses of encephaloid matter, half an inch in diameter, and situated just beneath the pleura. Near them was another similar mass, a little larger, and all lay in the upper lobe of the left lung. In the corresponding lobe of the right one several small deposits of tubercle existed. Specimen from a patient who died of extensive cancerous deposit elsewhere. (*Vide* Specimen 552.)	Museum Record, Case 3.	N. Y. Hospital.
552	Cancer of the Lungs, in the shape of numerous flattened, encephaloid nodules, thickly set upon the pleural surface, and varying in diameter from a line to three fourths of an inch. From a man who had for nine months suffered from extensive deposits of a similar nature elsewhere. (*Vide* Specimens 553 and 551.)		
553	Cancer of the Lung (picture).—This is a colored representation of Specimen 552.		Dr. M. Morris.
554	Cancer.—Specimen consists of a portion of an immense malignant tumor, developed in and filling the cavity of the chest. (*Vide* Specimen 555.)		Dr. Swett.
555	Cancer.—A mass of the size and shape of a large goose's egg, taken from the same patient that Specimen 554 was removed from. It lay directly over and pressed upon the left ventricle.		Dr. Swett.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
556	Cancer of the Lung, consisting in an encephaloid tumor larger than a man's head, developed apparently in the lung, just beneath the pleura, and compressing those organs into a very small space. The disease appeared and proved fatal within a year after the removal from the thigh of a large tumor, the nature of which was at the time doubtful.		Dr. Wm. H. Maxwell.
557	Cancer of Lung.—From a man who, three months after having his thigh amputated for cancer of femur, the stump healing readily, first began to suffer from flying pains in his chest, and constant dyspnœa, which last, together with a sense of weight in præcordial region, continued to be the most prominent symptom. There was a slight dry cough and rapidly increasing debility. On examination, a growth of fungus hæmatodes was found to have involved a large portion of the lung, while between the lower surface of that organ and the upper surface of the diaphragm, which is pushed down, a cavity was found, containing nearly a gallon of brownish-red serous fluid, with coagula and shreds of lymph floating through it. (*Vide* Specimens 558 and 218.)		N. Y. Hospital.
558	Cancer of the Pleura, in the shape of numerous rounded, flattened masses, soft, and of a white color, deposited on the costal portion of the pleura of a patient dying of medullary cancer of the lung. (*Vide* Specimen 557.)		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
559	Cancer of the Lung.—From a man 28 years old, who, *three weeks* before death, began to complain of pain in the left shoulder, cough, and dyspnœa. On inspection, the left side of the chest is found to be much the largest. There is also marked dullness, with entire absence of respiratory sounds on the same side, and the heart is pushed over to the right. A large, cancerous mass was found, after death, growing from the posterior surface of the upper part of the sternum, and extending into the substance of the left lung, which was compressed both by this growth and by a serous effusion in the pleura, which was abundant enough to push the diaphragm downwards. Other organs healthy.	Museum Record, Case 37.	N. Y. Hospital.

SECTION V.

CIRCULATORY SYSTEM.

SECTION V.

CIRCULATORY SYSTEM.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
560	Blood Vessels, thoracic and abdominal (picture).		
561	Blood Vessels, thoracic and abdominal (picture).		
562	Heart, with its cavities distended with wax.		
563	Heart of small size, from an adult. The superficial vessels are not more serpentine than usual.		N. Y. Hospital.
564	Foramen Ovale only partially closed, and admitting at its center the passage of a full-sized catheter.—From a child eleven months old, who had cyanosis from birth. The ductus arteriosus is also seen, still widely open.		Dr. G. A. Sabine.
565	Foramen Ovale still unclosed, from an adult heart.—The opening is in the shape of a slit, an inch long, passing through the membrane obliquely, so that the opening is valvular.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
566	Rupture of the Heart.—From a young man who lived seven hours after having had his chest jammed between two sloops. The rupture is linear, three quarters of an inch long, and runs parallel with and about two inches below the left auriculo-ventricular septum, and opens into the left ventricle. The heart is otherwise healthy.		Dr. Post.
567	Heart Pierced by a Needle.—The needle is seen perforating the septum ventriculorum. Specimen was removed from a child, who died of hæmorrhage from the subclavian artery, which had been wounded by a piece of glass. After tracing down the vessel, the heart was opened, and the needle found as described. Case was in the practice of Drs. Voorhees and Davenport, of New Rochelle.		Dr. Post.
568	Tubercular Mass of the size of one's fist, situated at the origin of the right bronchus, and pressing upon the right auricle of the heart.		N. Y. Hospital.
569	Cardiac Hypertrophy.—The organ is of two or three times its natural size; its walls are slightly thickened, its centers greatly enlarged.		N. Y. Hospital.
570	Cardiac Hypertrophy, with vegetations on the aortic and mitral valves.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
571	Rupture of the Heart, spontaneous, and due to softening of its tissue. —It occurred in an old and rather corpulent person, who died suddenly, after having eaten a hearty dinner and taken a long walk. He had not previously presented any marked cardiac symptoms. The rupture forms a round opening, admitting a goose-quill, and situated in the anterior wall of the right ventricle, very near the septum ventriculorum, and one inch below the pulmonary artery. The walls, for the space of half an inch around the opening, gradually become very thin, chiefly at the expense of the superficial fibres of the heart. The organ is slightly fatty.		Dr. Buck.
572	Suppuration of Heart—Pyæmia. —From a man 24 years old, who, for some unknown disorder, took a number of pills, which produced excessive salivation, accompanied by the formation of large abscesses, and which led to his death from exhaustion, in about three weeks. Large, gangrenous cavities were found in the upper lobes of both lungs. The pleura opposite the largest one was covered with recent false membrane, and resembled a slough formed by nitric acid. On the surface of the left ventricle is seen a spot half an inch in diameter, which presents a similar gangrenous appearance.	Museum Record, Case 7.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
573	Pericarditis.—The pericardium has been opened and turned back from the heart, showing a copious deposit of lymph, with a flocculent and ridged appearance, effused upon both surfaces of the serous membrane.		N. Y. Hospital.
574	Pericarditis, of long standing.—The thickened pericardium is adherent to the hypertrophied heart by numerous and tough adhesions.		N. Y. Hospital.
575	Pericarditis, acute, and resulting in the effusion of a thin layer of false membrane upon both the visceral and parietal surfaces of the pericardium. The outer layer of this effusion has become detached from the parietal layer of the pericardium, and this latter is seen turned aside. A complete new membranous sac is thus formed for the heart, and through an opening made into it, the heart is seen beneath, coated with lymph.		N. Y. Hospital.
576	Pericarditis.—Showing both layers of the membrane, coated by a thick and tolerably smooth deposit of lymph. The reflected layer is not adherent to the cardiac portion.		Dr. Post.
577	Pericarditis.—The serous membrane is covered by a thin layer of lymph, effused on both its surfaces, which, however, are not adherent to each other.		Dr. Post.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
578	Bony Deposit on the Heart.—Specimen shows the surface of both ventricles and the roots of the great vessels covered, to a great extent, by rough, irregular bony plates, which in some places, indeed, occupy nearly the whole thickness of the parietes.		Dr. Watson.
579	Contraction of Auriculo-Ventricular Opening on the left side of the heart, the passage scarcely permitting the introduction of one's finger.		N. Y. Hospital.
580	Contraction of the Auriculo-Ventricular Openings.—The free borders of both the mitral and tricuspid valves are much thickened and adherent to each other, so that the orifices between them are greatly reduced in size, the largest barely admitting the end of the finger.		N. Y. Hospital.
581	Calcareous deposit on the Mitral Valve.—A large fissured nodule of calcareous matter is seen upon the auricular surface of one of the flaps.		
582	Vegetations on the Mitral Valve.—The aortic valves are healthy, and the heart is not hypertrophied.		
583	Vegetations on the Mitral Valve, so numerous as almost to obliterate the passage it guards.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
584	Calcified Deposit in the Aortic and Mitral Valves.—The aortic valves present long deposits, preventing their complete closure, while the mitral are so altered as to cause great contraction of the orifice they surround.		
585	Aortic and Mitral Valves.—Wart-like vegetations are seen upon them, and there is also a double perforation of one of the semilunar valves.		N. Y. Hospital.
586	Vegetations on the Aortic Valves.—A mass is seen, so large as not to permit the passage of a stream of blood larger than a goose-quill.		N. Y. Hospital.
587	Vegetations on the Semilunar Valves, probably of the Aorta.—They consist of clumps of wart-like growths, near the free border of the valves.		N. Y. Hospital.
588	Semilunar Valves, probably of the aorta.—They are seen to be converted into nearly rigid calcareous masses. Taken from a man 81 years old, who had long had irregularity of the pulse, but was never an invalid until within three weeks of his death, when he suffered severely from dyspnœa. The left side of the heart was hypertrophied and dilated.		Dr. Buck.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
589	Aortic Valves.—They are seen to be studded with numerous small, white deposits of calcareous matter, as also is the origin of the aorta.		N. Y. Hospital.
590	Aortic Valves.—They are seen to be the seats of extensive calcareous deposit.		N. Y. Hospital.
591	Calcified Aortic Valves.—From a middle-aged man, who was picked up in the street insensible, and died in a few minutes. Extensive calcareous deposits were found upon the aortic valves, preventing their closure. Other organs healthy.		N. Y. Hospital.
592	Contraction of Aortic Valves.—From an intemperate man, 27 years old, who had had cardiac symptoms (pain, dyspnœa, hæmoptysis), at intervals, for four years, and then died suddenly. A loud, systolic bruit was heard during life over the aortic valves and at the apex. The heart weighed 28 ounces; right auricle dilated. Valves healthy, except the aortic, which were thickened. The line of junction of two of them has been involved, and the margin of one of the valves has been drawn downwards, far out of its original position, leaving a cicatrized surface in its place. Liver and kidneys fatty.	Hosp. Rec., Med. Div. Hassett died March 26th, 1859.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
593	Contraction of Aortic Valves.—Two of them are drawn down and distorted, as by a scar; the third has a large perforation through its center, around which are seen some vegetations. The physical signs consisted in a bellows murmur with each sound.		N. Y. Hospital.
594	Adhesions of Aortic Valves.—One of them is seen, with its free border drawn up and adherent to the aorta above, so as thus to form a little sac, with a very small opening at its top. A calcareous patch is seen a little higher up in the aorta.		N. Y. Hospital.
595	Perforated Aortic Valves.—The heart is seen to be hypertrophied, and the aorta atheromatous. Through the base of one of the aortic valves, at a point thickened by effusion, are two large perforations, one of which, the upper, from its smooth, rounded edges, appears to be older than the lower and more irregular one.		
596	Calcareous Deposit from the Heart.—Specimen taken from an old man who died of cardiac trouble. The deposit consists of several fragments, irregularly rounded, each a couple of inches long by one third of an inch in diameter. It was removed, by maceration, chiefly from region of the base of the ventricles.	Hosp. Rec., Med. Div. Died Aug. 3d, 1859.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
597	Coronary Aneurisms.—They are situated upon the branches of the coronary arteries of an apparently healthy heart. These enlargements are fusiform, an inch in length by a quarter in breadth, and terminate at their distal extremities in arteries of normal diameter.		N. Y. Hospital.
598	Aneurism of Coronary Artery, globular—three quarters of an inch in diameter, and situated at about half an inch from the origin of the artery. From a young lady who, after returning late from a ball, fell down and expired instantly. At one point a small ruptured opening in the sac was found, and through this hæmorrhage had taken place into the pericardium. Other organs healthy.		Dr. Sabine.
599	Aorta, containing numerous scattered nodules of calcareous matter.		N. Y. Hospital.
600	Aorta, having a large irregular calcified deposit in its descending portion. Prom a patient who died of thoracic aneurism. At one point the deposit is giving way, and the artery is seen beginning to dilate. (*Vide* Specimen 82.)	Museum Record, Case 48.	N. Y. Hospital.
601	Aorta, with several large atheromatous nodules deposited just above the healthy valves.		Dr. S. C. Foster.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
602	Aorta, with several patches of atheroma near the commencement of the arch.		N. Y. Hospital.
603	Aorta, which, from its valves to the bifurcation, is thickly covered by numerous plates of atheroma. Specimen taken from a woman 49 years old, dying suddenly. Her brain was congested, and her heart, whose cavities were all dilated, weighed 17 ounces.	Museum Record, Case 69.	Dr. S. C. Foster.
604	Obstruction to the Aorta.—Specimen shows a mass of encephaloid deposits in the lungs and bronchial glands, at the root of the trachea, pressing upon the aorta so as to diminish its diameter fully one half, from the origin of the innominata to the end of the curve of the arch. On the cardiac side of the obstruction the aorta is slightly dilated, but the heart has not been affected.		N. Y. Hospital.
605	Contraction of Aorta, consisting in a constriction, which diminishes the diameter of the vessel more than one third. The chief narrowing is at a point one inch beyond the narrowing of the left subclavian, the artery resuming its full calibre half an inch above and below the cord-like stricture.		N. Y. Hospital.
606	Contraction and Dilatation of Aorta.—Immediately beyond the valves the vessel forms a moderate aneurismal dilatation, which reaches to about half an inch be-		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	yond the origin of the left subclavian, at which point the artery suddenly becomes reduced in calibre, so as to be considerably smaller than it should be for the space of an inch or more. At this contracted portion the coats are extensively atheromatous, and the inner coat has given way in many parts. In the dilated portion of the vessel only a few patches of atheroma are seen.		
607	Aneurism of the Arch of the Aorta. —From a Swiss chestnut vender, 70 years old, who, while at his stand, fell to the ground in a state of syncope, from which he never rallied. The heart was enlarged, flabby, and dilated. The whole of the arch of the aorta was also dilated equably, and scarce a spot of it could be found unoccupied by calcareous or atheromatous deposits.	Hosp. Rec. F. T. died Oct. 21, '57. Med. Div., p. 330.	N. Y. Hospital.
608	Aneurism of Aorta, involving the whole arch, and formed by an equable dilatation of all the coats. On the inner surface are seen numerous plates of calcified material.		Dr. Buck.
609	Aneurism of Aorta.—Situated behind one of the semilunar valves, and projecting into the right auricle, the tumor not being over half an inch in diameter. The valves are covered with vegetations. The substance of one of them has an irregular ruptured opening through its centre. This		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	last is supposed to have arisen a few days before death, when a sudden aggravation of the symptoms took place, and the bruit de soufflet, which had been heard previously, entirely ceased. Patient had only experienced symptoms of heart disease for about a month before death.		
610	Aneurism of Aorta.—Some six inches in diameter, with very thin walls, and projecting upwards and to the right. It arises immediately at the origin of the aorta, where the pericardium still covers the vessel. Beyond the tumor, the aorta is of its natural size, and gives off the innominata. Heart not enlarged.		N. Y. Hospital.
611	Aneurism of Aorta, in the shape of a sac, some six inches in diameter, containing numerous laminated coagula, and springing from the front of the arch of the aorta by a large opening a little above the aortic valves. The tumor, by its pressure, has caused a perforation of one of the upper ribs.		N. Y. Hospital.
612	Aneurism of Aorta, in the shape of a tumor, of the size of an orange, springing from the convex side of the aorta, and situated a little to the proximal side of the innominata, which vessel is seen skirting its inner wall.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
613	Aneurism of Aorta.—From a seaman 46 years old, who had suffered at intervals, for nearly three years, with severe pain in the chest, accompanied, during the last two years, by a pulsating tumor, gradually increasing, till it measured, at his death, six inches in diameter. It lay just to the right of the upper part of the sternum, and afforded a distinct blowing sound. The pain was the chief symptom, there being neither palpitation nor dyspnœa. He died suddenly from hæmorrhage into the right pleura, which was found filled with blood which had issued from a small lacerated opening in the sac. The aorta was atheromatous, and dilated at its commencement; and from its anterior surface, one and a half inches above the valve, sprang the aneurismal tumor, which consists of two large communicating cavities, intra and extra thoracic, the ribs being absorbed to make way for it.	N. Y. Jour. of Med. and Surg., No. 7, p. 95, 1841.	N. Y. Hospital.
614	Aneurism of Aorta.—Specimen shows the commencement of the vessel considerably dilated, and its coats altered by atheromatous deposit. At one point, two inches above the valves, there is a small round hole, leading into a small sac about an inch in diameter. Along side of this another similar pouch is beginning to form.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
615	Aneurism of Aorta.—From a seaman 44 years old, who, for the last two months of his life, suffered from severe attacks of dyspnœa, coming on at intervals, and lasting several days. He was sometimes relieved when a free expectoration of a semi-purulent matter took place, and also by anti-spasmodics. The dyspnœa, however, returned, and patient died, there having been no auscultatory evidence of aneurism. Serous effusion was found in the brain, and the lungs were slightly emphysematous. Heart healthy, and aorta atheromatous. Between the origins of the innominata and of the left subclavian, sprang from the posterior wall of the aorta, an aneurismal sac, forming a spheroidal tumor an inch and a half in diameter, pressing directly backward against the trachea, so as materially to diminish its calibre just above the bronchial bifurcation.	Hosp. Rec., Med. Div. W. C. died Sept. 20, 1858.	N. Y. Hospital.
616	Aneurism of Aorta.—From a seaman 38 years old, who, while ascending a mast, seven months previously, was seized with vertigo. Soon after this, cough and dyspnœa supervened, so as to prevent his working. A fortnight before death his symptoms suddenly became worse, and he began to spit up a large amount of purulent matter. His voice also was lost, and swallowing became very difficult. The dyspnœa increased, and was found to be paroxysmal, coming on when his expectoration diminished, and	Case 607, 2d Surg. Div., 1857.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	again being suddenly relieved by the coughing up (as it were from an abscess) of a large quantity of puriform matter. Auscultation and percussion elicited nothing abnormal, except the presence of loud tracheal râles. It being thought that the obstruction might be in the larynx, the trachea was opened eight days before death, and a tube introduced with partial relief to the dyspnœa, which latter, however, together with the copious bronchial discharge, soon led to his death. The arch of the aorta was found dilated into a true aneurism of large size, with several pouches opening upon its walls. One of them involved the arteria innominata; and another of the same size, one inch in diameter, sprang from the posterior wall, and pressed strongly against the trachea at the bifurcation so as greatly to diminish its calibre and that of the bronchi. This last-named pouch contained fluid blood, which was retained in it by a plug of lymph at the mouth of the sac. The silver tube, some two inches long, which had been introduced into the tracheal opening, reached down only to the upper border of the aneurismal tumor. The lungs were in a state of acute tuberculosis, and contained a large quantity of frothy serum.		
617	Aneurism of Aorta, in the form of a globular tumor, an inch in diameter, springing from the posterior wall of the arch, and involving the origin of the innom-		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	inata. It has ruptured into the trachea a little above the bronchi, by an opening a quarter of an inch in diameter. Specimen evidently from a young subject.		
618	Aneurism of Aorta and Innominata.—The arch is dilated pretty uniformly, while on its upper surface, and formed by the walls of the innominata, is a globular tumor of the size of an orange, from the distal side of which pass off the right carotid and subclavian arteries. The tumor, by its pressure, has caused partial absorption of the upper ribs and clavicle, while, posteriorly, the trachea is slightly compressed. The inner coat presents numerous calcareous patches.		Dr. Buck.
619	Aneurism of the Aorta, globular in shape, with thin walls, and considerably larger than an orange, springing from the upper border of the arch of the aorta by a circular opening some two inches in diameter. It involves the origins of the innominata, left carotid and subclavian arteries, and, by its pressure upon the trachea, has given rise to an ulcer of the mucous membrane, two inches above the bronchial bifurcation.		N. Y. Hospital.
620	Aneurism of Aorta.—The sac, which is of the size and shape of an orange, contains numerous layers of coagula, and is formed by the arteria innominata and		Dr. Watson.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	the arch, but involves also the origins of the left carotid and subclavian. The sac communicates with the trachea by several perforations near the bifurcation. Through the opening which lies just within the orifice of the left bronchus, a coagulum of lymph was found, protruding and closing the passage, so as completely to prevent the entrance of air into the lung. Patient had long been troubled in his respiration, and the symptoms so closely resembled those of laryngitis that the case, when seen in extremis, was mistaken for that disease, and an opening made in the upper part of the trachea. Patient died of suffocation a few hours later.		
621	Aneurism of Aorta.—From a seaman 37 years old, who died suddenly after having been subject, for three months previously, to attacks of dyspnœa and palpitation of the heart, and also to a dry cough. No bruit was heard on auscultation. The heart was hypertrophied, and the right thoracic cavity was found filled with blood, which lay outside the pleura, having dissected it off from the ribs. The blood passed out of a small perforation situated on the posterior wall of a small aneurismal sac, which arose from the commencement of the thoracic aorta. The upper margin of the aortic arch was also dilated into a globular tumor, two inches in diameter, and so	Museum Record, Case 107.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	situated as to involve the origins of the three great arteries, all of which were greatly diminished in calibre.		
622	Aneurism of Aorta, rupturing into the œsophagus.—From a patient who died of hæmatemesis. The vessel is extensively atheromatous, and near the origin of the left subclavian artery there has formed a sacculated aneurism, some two inches in diameter, resting upon the œsophagus, into which it has opened by ulceration. A portion of the blood passed from this point down, beneath the mucous membrane, nearly to the stomach, where it opened itself a way into the free cavity of the œsophagus.		N. Y. Hospital.
623	Aneurism of Aorta, formed by a dilation of all its coats, making a fusiform tumor six inches long, which begins an inch beyond the origin of the left subclavian. It rests upon the œsophagus, into which it has opened by a rupture, irregular and jagged, and admitting the finger. The arch of the aorta is also a little dilated and atheromatous.		Dr. C. B. Archer.
624	Aneurism of Aorta, situated in its descending portion. It forms a globular sac, two inches in diameter, communicating with the aorta by a narrow longitudinal opening three quarters of an inch long. Behind, the tumor rested against the spine, which latter formed its posterior wall.		Dr. Watson.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
625	Aneurism of Aorta, consisting of a thin sac, as large as one's fist, developed from the posterior and lateral walls of the abdominal aorta, opposite the origin of the cœliac axis. Posteriorly, the tumor is adherent to the upper lumbar vertebræ, and they are seen to be slightly eroded.		N. Y. Hospital.
626	Aneurism of Aorta, in the form of a fusiform swelling, resting upon the two upper lumbar and last dorsal vertebræ, which are slightly eroded. It involves, anteriorly, the cœliac axis and superior mesenteric arteries, and upon its surface are seen the nerves forming the solar plexus.		N. Y. Hospital.
627	Aneurism of Aorta, globular in shape, and a couple of inches in diameter, formed by the dilatation of the abdominal aorta, chiefly on one side. From a patient who was admitted with symptoms of severe colic, and died suddenly a few hours later, from a rupture of the aneurism, filling the abdomen with blood.		Dr. Buck.
628	Aneurism of Aorta, of the size of an orange, and communicating with the vessel in its abdominal division by an irregularly oval orifice admitting the tip of the finger. Through this the lining membrane of the vessel passes a short distance into the sac; which latter contains numerous laminated coagula.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
629	Aneurism of the Innominata, forming a sac three quarters of an inch in diameter, which has ruptured into the right bronchus, near the trachea, by a large irregular opening.		N. Y. Hospital.
630	Aneurism of Right Subclavian Artery.—Taken from a stout negro, aged 63, in whom it commenced spontaneously five months previously. The tumor, which was chiefly below the clavicle, was not at all prominent, but extended over a circular base five inches in diameter, and allowed the fingers to be pressed in between it and the sterno-mastoid muscle. Dr. Hoffman exposed the innominata, but did not ligate it, owing to the vessel being too much diseased. Patient died from exhaustion three months later. Autopsy revealed numerous atheromatous deposits in the aorta and innominata, together with slight enlargement of the latter. The first sac, upon the subclavian artery, was not over an inch in diameter, and began at about an inch beyond the great branches of the subclavian. Immediately beyond the first sac, was the second, six inches in diameter, containing layers of coagula, and involving in its walls the axillary nerves. At two inches from the upper end of this large sac there emerges the descending brachial artery, and from this point back to the beginning of the first sac, no artery can be traced. (*Vide* Specimen 631.)	N. Y. Jour. of Med. and Surg., No. IV., p. 370.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
631	Subclavian Aneurism (cast).—(For history, *vide* Specimen 630.)		
632	Ligature of Left Subclavian within the Scalenus.—Operation performed Oct. 14, 1845, by Dr. J. Kearny Rodgers, on a man 42 years of age, who had an aneurism of the left subclavian artery, the first symptom of which was a sudden pain in the shoulder, felt two months previously while carrying a bushel basket of peaches. After the operation, patient progressed favorably until the thirteenth day, when hæmorrhage from the wound took place, and this recurring several times, led to a fatal result two days later. *Autopsy.*—The internal wall of the wound was formed by the carotid artery, the thoracic duct (which was uninjured), and the jugular vein, which last was obliterated by a coagulum, while the vena innominata and the subclavian vein were unaffected. An irregular lacerated opening through the pleura at the bottom of the wound opened into the pleural cavity, which was filled by a recent blood-clot. The left subclavian artery was completely divided by the ligature, which lay loose in the wound. It had been applied about one and a quarter inches from the aorta, and directly to the cardiac side of the origin of the vertebral artery. The proximal end of the subclavian was attached by adhesive inflammation to the tissues around, while a firm fibrinous clot occu-	N. Y. Jour. of Med., Vol. VI., p. 219. 1846.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	pied its whole calibre, and firmly adhered to the inner coat for three quarters of an inch. The distal end of this artery, as well as the vertebral, internal mammary, and thyroid axis was patulous, or contained merely soft coagula, which had evidently formed within the last hours of life. The aneurism, which began about half an inch beyond the thyroid axis, was of the size of a small orange, and both it and the axillary artery beyond it were completely filled by a firm clot. Aorta moderately atheromatous. A reverse current of blood down the vertebral was, therefore, the main source of the hæmorrhage, which must have come from the distal portion of the subclavian artery.		
633	Cast, apparently of a subclavian aneurism.		
634	Rupture of Axillary Artery—Ligature of Subclavian.—From a healthy man 32 years old, who, ten and a half weeks before the operation, fell headlong some four feet, striking upon his right shoulder. His injury was considered to be a sprain, and it was treated as such. Patient, however, experienced a throbbing pain in the axilla the day after the fall, and the swelling in the shoulder gradually increased, as also did the pain, which became severe. On admission, an ill-defined pulsating tumor, of the size of a lemon, is seen in the	1st Surg. Div., Case 31, 1859.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	course of the artery below the right clavicle; a bruit, moreover, is heard on auscultation, and there is no pulsation in the arteries below the tumor. A week later, the right subclavian was tied, without difficulty, just after it emerges from behind the scalenus. Patient died on the fourth day after the operation, having sunk rapidly, with frequent chills and vomiting. Lungs, heart, liver, intestines, and kidneys healthy, as also was the axillary vein. About two inches below the ligature, and at the point where the artery emerges from between the two heads of the median nerve, was found a rupture of its coats, ragged and irregular, involving one third of the calibre of the vessel, and about a quarter of an inch in length. Around this was a mass of recent clotted blood, which had been effused into a cavity formed by condensation of the neighboring tissues, there being no true aneurismal sac. The artery was atheromatous, and the only clot it contained was a very minute one at the point of ligature. There were no evidences of inflammation within or without the artery, except at the seat of rupture, where the external coat was considerably thickened by the deposit of lymph upon it.		
635	Rupture of Axillary Artery.—Complete, transverse, involving all the coats, and situated just at the point of emergence from between the two heads of the me-		Dr. F. Hasbrouck.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	dian nerve. The injury was caused by a direct blow from a blunt instrument, without laceration of the skin. A large bloody swelling rapidly formed, and, two weeks later, patient died from inflammation which arose in the tumor. The upper end of the artery is seen to be pervious, while the lower is closed by a clot of blood or lymph.		
636	Common Carotid Artery.—Removed a few days after it had been tied, on account of a large vascular tumor of the face. The artery is seen completely divided, and filled with coagula up to its bifurcation, half an inch above, into the external and internal carotids. For the space of an inch below the ligature, the artery also contains coagula. They are all slightly adherent to the coats of the vessel. (*Vide* Specimen 648.)		N. Y. Hospital.
637	Carotid Artery, a year after its ligature on the right side, an inch above the innominata, for cancerous disease of the head. At the point of ligature, the artery has degenerated into a fibrous cord. The left carotid arises anomalously from the left side of the innominata, just beyond the aorta. (*Vide* Specimen 38.)		Dr. Buck.
638	Aneurism of Basilar and Vertebral Arteries.—From a man 23 years old, who, six months before admission into the hospital, had	Museum Record, Case 29.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	had a slight apoplectic attack. Since that time he has never completely recovered his mind, nor the full use of his lower limbs. The left pupil is dilated. A month after admission he had another apoplectic attack, with tonic convulsions, and died. The ventricles were filled with blood, which was also effused under the arachnoid upon the medulla oblongata. The substance of the brain was very vascular, but not softened, and the source of the hæmorrhage could not be detected, no vessel being found ruptured here or at the base. The right vertebral artery, just before entering the basilar, became suddenly dilated into a globular tumor of the size of a large pea, while upon the basilar, at its middle, a similar tumor, but of twice the size, existed. It was filled with coagula, as was also the smaller one.		
639	Aneurism of Basilar Artery.—From a man 26 years old, whose cerebral symptoms dated back about three months, commencing with a momentary loss of consciousness, followed by headache, dilatation of right pupil, loss of memory, and, at a later period, by ptosis and strabismus of the same eye, with paralysis of his face and of his body, both on the left side. Finally, patient died in an epileptic convulsion. The autopsy revealed the remains of old localized inflammation on the surface of the right hemisphere, and an effusion of blood under	Museum Record, Case 30.	Dr. S. C. Foster.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	the dura mater, also a softening of the cerebral parts of the brain. Directly in front of the pons varolii, between the crura cerebri, was an aneurismal tumor three quarters of an inch in diameter, filled with a clot, and situated upon a branch of the basilar artery. There was also cardiac hypertrophy.		
640	Aneurism of Vertebral Artery, consisting in a slight fusiform dilatation of the vessel on the right side, just before it joins the basilar. This was the only lesion found in a female who died suddenly, having previously been slightly hemiplegic, and long subject to severe headaches.	Museum Record, Case 31.	Dr. Darling.
641	Calcareous Deposit in the Iliac Arteries, very extensive, and situated in the coats of the iliac and femoral arteries of both sides, and in their larger branches —scarce any portions being left unoccupied—from the aortic bifurcation downwards.		N. Y. Hospital.
642	Aneurism of External Iliac Artery, for which the right common iliac was ligatured, patient living but a few days after the operation. The ligature is seen upon the vessel half an inch above the internal iliac, while below, on the side of the vessel, and marked by the white tape, is the small orifice of communication between the vessel and the sac. This latter is globular, and of the size of		Dr. Stevens.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	an orange, and contains numerous dense laminated coagula. Over its surface, to the outer side, passes the crural nerve.		
643	Erosion of Femoral Artery, the two inner coats of which have been torn across by stretching of the vessel over a sharp edge of bone, after resection of the upper part of an anchylosed femur. Above and below the laceration, the inner coat was reddened for a short distance. (*Vide*, for details, Specimen 191.)	Museum Record, Case 34.	N. Y. Hospital.
644	Laceration of Femoral Artery, torn across and plugged by a cylindrical coagulum an inch long, nearly filling the calibre of the artery. Taken from the patient whose limb had been torn off near the hip. The torn parts were removed through the hip joint by Dr. Buck, after a railroad accident.		N. Y. Hospital.
645	Femoral Aneurism (cast).—From a man on whose thigh, just below the groin, this large circular, flattened tumor presented itself. There was no thrill, nor bruit, nor expansive pulsation, but the tumor was raised at each stroke of the pulse. An explorative puncture was made, giving exit, at first, to dark blood, but later, to a bright arterial jet. The artery was then tied above the tumor, but suppuration ensued in the sac and proved fatal. As far as is now remembered, the fem-		Dr. Rodgers.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	oral artery had previously been tied for an aneurism at that same spot, and hence, on its recurrence, the internal iliac was ligated.		
646	Perforation of Anterior Tibial Artery.—From an old man who had fractured his tibia, and seemed to do well under the usual treatment. When the bandages were removed, the leg began to swell from effusion of blood, and amputation became necessary. It was then found that the artery had been opened for about half its circumference, by a small ulcer caused by the pressure of a spiculum of bone.		Dr. Watson.
647	Coagula, from an aneurism; showing their concentrical laminated texture.		N. Y. Hospital.
648	Internal Jugular Vein, thickened and blocked up by coagulable lymph. It was removed from the side of the common carotid, which had been ligatured. (*Vide* Specimen 636.)		N. Y. Hospital.
649	Obliteration of Portal Vein, complete, and occasioned by fibrinous coagula, which, to judge from their dense laminated appearance, were of long standing.		N. Y. Hospital.
650	Iliac Vein, closed by the entrance of a needle.—Specimen consists of a portion of the iliac vein, inflamed and blocked up by lymph,		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	in the midst of which a needle was found, lying parallel to the course of the vein. The vessel above this, and beyond the needle's point, is comparatively free from lymph, while below, along the course over which the needle probably traveled, the deposit is abundant. The patient died in the hospital with symptoms of phlebitis, but no account of the entrance of a needle into the body could be obtained.		
651	Iliac and Femoral Veins.—From a patient who died of phthisis. Two or three weeks before death he was suddenly seized with severe pain in his foot, without any apparent cause, and this was followed by very great swelling of the leg. The veins and their larger branches are seen to be filled by cylindrical fibrinous coagula, adherent, in many points, to the inner coat of the vessel. No mention is made of any redness or effusion of pus. (*Vide* Specimen 652.)		N. Y. Hospital.
652	Vein distended and blocked up by dense coagula, from the same patient Specimen 651 came from.		N. Y. Hospital.
653	Varicocele.—At the bottom is seen the testicle, and passing from it the cord, the elements of which are partially separated, so as to show the enlarged, tortuous veins.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
654	Varicose Vein.—This tumor was excised from the inner side of the thigh of a middle-aged female cook, who also had numerous varices about the legs. Owing to the large size of the tumor, and its not being directly over the saphena vein, great doubts as to its nature were felt. The excised portion consists of some six or eight inches of the vein, which is very much enlarged, tortuous, and sacculated. The chief tumor resembles an aneurismal dilatation on the side of an artery. It is spherical in form, and nearly two inches in diameter. The walls of the sac, unlike those of the rest of the vein, are very thin, and the cavity was filled with coagula. Patient soon recovered.	Hosp. Rec., Vol. C, page 139, May, 1844.	N. Y. Hospital.
655	Phlebolites. — The largest is of the size and shape of a very small pea; the second has a constriction around its middle. They are white and smooth.		Dr. Post.
655[A]	Two Small Phebolites from a Subcutaneous Tumor (Phlebectasis) on the hand of a girl.		Dr. Watson.
656	Plantar Aneurism by Anastomosis. —From a shoemaker, 19 years old, on the sole of whose foot a blue spot had appeared five years previously. This spot soon ulcerated, and from it copious hæmorrhages continued at times to occur. The ulcer was two inches in diameter, and rested upon a	Hosp. Rec., Case 624, 1st Surg. Div., 1854.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	pulsating erectile tumor which completely filled the hollow of the foot. In it a bruit de soufflet was audible, and the swelling disappeared on pressure, and remained collapsed when the tibial arteries were compressed. All efforts to close the ulcer proving unavailing, the leg was amputated. A tumor is seen filling the concavity of the sole, situated in part between and in part superficially to the muscles. It is formed of innumerable vessels, chiefly of the size of a crow's quill, forming an intricate network, to and from which the blood is conveyed by numerous large vessels, all of which have been filled by the colored injection which passed through into the veins from the arteries. In the course of both the anterior and posterior tibial arteries are three large vessels, evidently the artery and its venæ comites, all enlarged, as is also the peroneal artery. Crossing the front of the lower third of the tibia, from behind forwards, is a vessel larger than any of the others, and equaling the femoral in diameter. It divides below the ankle joint into two sets of branches, most of which pass into the plexus in the sole, while the remainder supply the toes from the dorsum of the foot with vessels of normal size. Specimen dissected and prepared by Drs. Isaacs and Markoe.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
657	Erectile Tumor (not pulsating), of a circular and much flattened shape, pedunculated, two inches in diameter, removed by Dr. Hoffman, from the buttock of a negro, in whom it had appeared ten or twelve years previously, some time after he had received a punctured wound at that point. The erectile tissue of the tumor was attached to the areolar tissue of the buttock by the intervention of a firm fibrous substance occupying the peduncle. On laying open the cells of the tumor after its removal, they were found distended with thin, dark, and dirty-looking venous blood; the fibrous peduncle was not very vascular. The integuments covering the tumor are at one point ulcerated by pressure in sitting, but in all other respects were healthy. No hæmorrhage had ever occurred.		Dr. Watson.
658	Erectile Tumor, arising by a slightly constricted base, from what appears to be a portion of mucous membrane or integument. It consists of a cluster of villous tufts about a quarter of an inch long, and the whole is about three quarters of an inch in diameter.		Dr. Post.
659	Tubercular Deposit in the Lymphatic Vessels, running upon the surface of the small intestine. They present the appearance of tortuous, beaded cords.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
660	Tubercular Deposit in the Lymphatic Vessels.—They are filled with the deposit, and run, in the form of knotted cords, over the surface of the intestine, from the neighborhood of the ulcers seen upon the mucous membrane. In some points the tubercular deposit is in the form of small grains upon the surface of the peritoneum.		N. Y. Hospital.

SECTION VI.

NERVOUS SYSTEM AND ORGANS OF SENSE.

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NERVOUS SYSTEM AND ORGANS OF SENSE.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
661	Brain and Spinal Cord (picture).		
662	Tumor of the Brain, of a dense and homogeneous structure, occupying a large part of the left posterior, and middle cerebral lobes. It measured two inches by two and a half, and weighed four and a half ounces. It approached very near the surface at all points, and the membranes were in one spot so adherent to the brain that they could not be separated from it. Bounding the tumor was a thin serous sac of a buff color, and in the vicinity the cerebral substance was diffluent. Other parts of the brain healthy. Patient was a man 27 years old, whose symptoms only dated back, from what he said, to a month before death. They consisted in partial loss of control over the lower limbs, the rectum, and the bladder, rapid and continued winking of the left eye, impairment of vision, and also of his intellect. These symptoms, however, varied a good deal from day to day. Four days before death, he had an at-	Museum Record, Case 49.	Dr. Trask.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	tack resembling apoplexy, but rallied again the day after. He finally seems to have become more and more dull, and to have died without other marked change.		
663	Tumor of Cerebellum.—From a boy, 4 years old, who died of acute hydrocephalus. Patient had never been a strong child, but had no special trouble until the age of 18 months, when he had an attack of cholera infantum, accompanied by convulsive motions of the arms and legs. From this, however, he recovered entirely, it being merely noticed that he appeared to be weak upon his legs. At the age of two years, he began to shake his head from side to side, in a peculiar manner; a little later, he also began to have spells of turning; while at play, he would stop, and, rolling his eyes upwards, he would commence slowly to turn round and round. If reproved, he would cease, but would soon begin again, and would even hide himself in closets to gratify this curious propensity. The spells continued at intervals until within a few weeks of his death. There was never any tendency to turn while patient was lying down, and the attacks were unconnected with any other morbid symptom. Patient's mind remained always clear and bright, the only interruption being for a space of some three weeks, at the age of three years, when he appeared dull and stupid,		Dr. Markoe.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	and stammered in talking. *Autopsy.*—Ventricles distended with serum, which also existed in small quantities under the arachnoid. At one point over the cerebellum this effusion was yellowish, as if from pus. The entire fornix was softened to a pulp, from which, however, a portion of the wall of the fifth ventricle could be separated unsoftened. The corpus callosum, and all other parts of the cerebrum were normal in consistence, with slightly increased vascularity. On the lower surfaces of the left lobe of the cerebellum a tubercle was seen embedded in the substance of the convolutions. It was round, a little over half an inch in diameter, yellowish, with a whiter nucleus. It was situated directly below the cerebellar commissure, and might be supposed to have pressed upon it, though healthy tissue, several lines in thickness, intervened between them.		
664	Tubercular Tumors of Cerebellum, consisting of five irregularly rounded masses, the largest an inch in diameter. One of them is situated on the inferior cerebellar surface, and is laid open so as to show the central softening. The remainder are situated upon the superior surface, and none of them are covered by cerebral substance. Patient died of this disease, and also had tubercle deposited in the liver, but his symptoms are not known.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
665	Cancer of Medulla Oblongata, in the shape of an encephaloid tumor, lobulated, and precisely similar, in color and consistence, to brain substance. It is of the size of a pigeon's egg, and rests upon the lower surface of the medulla and pons varolii, reaching nearly to the upper extremity of the latter. By its pressure, moreover, it had caused absorption of the opposed bone. Patient was a middle-aged man, who had long suffered from symptoms supposed to arise from dyspepsia. He also had constant pain in the back of his head; and, during the latter part of his disease, a feeling of great uncertainty in his gait when he first attempted to walk.		Dr. Buck.
666	False Membrane on the Dura Mater.—It formed a thin layer which could be peeled off from the under surface of the dura mater, and which extended over nearly the whole of the upper surface of the right hemisphere, terminating at the falx. It was removed from an old man who had been paralytic for many years, all of the muscles of the left side being affected. The remains of an apoplectic effusion were also discovered in the center of the hemisphere, presenting a sort of cavity lined by a cellulo-serous membrane, and surrounded by a tough fibrous layer, several lines thick, and of a golden yellow color.		Dr. Watson.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
667	Thickening of the Dura Mater.—From a man 42 years old, who could give no intelligent account of himself. He complained of pain in the head, and in the right side of his face, which was also distorted. Febrile symptoms came on, and in a few days, without marked change, patient died. The dura mater was adherent, and thickened by the deposit of semi-organized fibrin over the superficial portion of the hemisphere.	Museum Record, Case 111.	N. Y. Hospital.
668	False Membrane on the Dura Mater, consisting of a thin layer, effused, a long while before death, upon the internal surface of the membrane.		N. Y. Hospital.
669	False Membrane on the Dura Mater, lining the greater part of its internal aspect, over the surface of both hemispheres. At one point, the membrane has been peeled off so as to show the delicacy of its texture. In the brain, moreover, was found a cyst. Specimen removed from a man who had been hemiplegic for twelve or fifteen years, and who finally died of apoplexy.		Dr. Watson.
670	Osseous Growths from the Dura Mater.—A bony tumor of the size of a pea, and having a narrow pedicle, is seen attached to the internal surface of the dura mater, near the longitudinal sinus. Upon the falx, near the same		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	sinus, is seen another similar tumor of twice its size, but sessile. No symptoms during life indicated their existence.		
671	Bony Plate, found in the falx cerebri. It is about two inches long, and, at its thickest part, measures three eighths of an inch.		
672	Bony Plates, irregular in shape, most of them larger than the thumb nail, and with a rough surface, deposited in the dura mater, on each side of the longitudinal sinus.		N. Y. Hospital.
673	Bony Plate, from the falx cerebri. Oval, an inch and a quarter long, and measuring about a quarter of an inch at its thickest part.		N. Y. Hospital.
674	Bony Plates, from half an inch to an inch in diameter, and very thin, taken from the dura mater of a man who died when one hundred years old. As far as is recollected, there were no symptoms.		Dr. Markoe.
675	Calcareous Concretion from the Cerebellum.—It was attached to fibrous tissue, and forms a very irregular, somewhat spherical mass, an inch in diameter, traversed by large canals, giving it a spongy appearance. Found in a dissecting-room subject.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
676	Rupture of Spinal Cord, involving only a portion of its circumference, and caused by violence. The dura mater has escaped injury.		N. Y. Hospital.
677	Bulbous Nerves, from a fore-arm, after amputation. They are seen terminating an inch above the ends of the bones, in a bulbous expansion of twice their natural diameter.		
678	Bulbous Nerve, from a stump after amputation. The nerve terminates in a large bulbous expansion of two or three times its natural diameter.		
679	Bulbous Nerves, from a fore-arm after amputation. The nerves are adherent to the cicatrix, and are enlarged to twice their natural diameter.		N. Y. Hospital.
680	Tumor on the Ulnar Nerve.—From a man 38 years old, on whom it was noticed while he was convalescing from an incised wound of the throat. He said it had begun six years previously, and had slowly increased. It now forms a swelling situated over the ulnar nerve, a little above the internal condyle. It is hard, nodulated, very sensitive, and causes continual numbness, with occasional pain in the little finger. The tumor, which is round, well defined, and about an inch in diameter, and which ap-	Hosp. Rec., Case 577, 2d Surg. Div., 1847.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	pears to be malignant and of the colloid variety, was found, in operating, to be enveloped in the neurilemma, and to be crossed by the fibrils of the ulnar nerve, so that the nerve was divided above and below the tumor, and the whole removed. Patient soon recovered, and left the house, having partial loss of sensation in the ring and little fingers, but no impairment of motor power.		
681	Tumor from the Ulnar Nerve.—It formed a mass of the size of a goose's egg, and was situated over the ulnar nerves on the inner side of the middle of the arm of a man 19 years old. It was of nine months' standing, and caused no suffering except when it was handled, at which time pain was felt in the little and ring fingers. In operating, the nerve was cut, above and below, and the tumor removed. It was found to be formed of concentric laminæ, and to have sprung from within the neurilemma. Some of the nerve fibres passed directly into the tumor, but most of them passed over its outer surface. From the frequent handling of the specimen, these relations are no longer so clearly seen. The microscope showed the growth to be of the fibro-plastic variety. Patient soon recovered, having, however, lost the sensibility of the little, and in part that of the adjacent side of the ring finger.		Dr. Briddon.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
682	Cancer of the Eye.—Forming an irregular mass of fungus hæmatodes, nearly as large as one's fist, at one end of which are seen the coats of the collapsed globe. On section, it is seen to resemble brain matter.		N. Y. Hospital.
683	Cancer of the Eye.—Removed from a boy 2 years old. Four months previously his right eye lost its brilliancy, and soon after began to protrude. The mass now hangs down upon the cheek, and presents a dusky red appearance; it has bled but once, but then very freely. There has been no pain, and patient has a florid, healthful look. The mass was extirpated, and on section presented, within the globe, the appearances of simple encephaloid, while the external deposit, which was posterior to the ball and at the bottom of the socket, was melanotic. Patient died a year later from a return of the disease. (*Vide* Specimen 684.)	Museum Record, Case 33.	N. Y. Hospital.
684	Cancer of the Eye (picture).—(For history, *vide* Specimen 683.) Drawn by Dr. Morris.		N. Y. Hospital.
685	Wax Model of Cancerous Disease of the Eye.—No operation was performed. It forms a fungous mass, evidently encephaloid, nearly as large as one's fist, and springs from the left eye of an adult female.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
686	Enlarged Thymus, taken from a child 4 years old, who died with symptoms connected with the chest (dyspnœa, strangulation, etc.), after twenty-four hours' illness.		Dr. Post.
687	Enlarged Thymus.		Dr. Post.
688	Enlarged Thyroid Gland. — It forms a tumor of the size of one's fist, and consists of a central and two lateral lobes. It was found to be the seat of tubercular deposit, as were also both lungs. Upon the surface of the latter there were, besides, old and recent pleuritic exudations. Liver and kidneys fatty. Specimen taken from a German woman 25 years old, who was said to have been confined to her room for two or three weeks, and had suffered for a week or more from severe dyspnœa, which, on admission into the hospital two hours before her death, was very urgent.	Hosp. Rec., Med. Div., p. 295. Died Oct. 12, 1857.	N. Y. Hospital.
689	Cyst of Thyroid Gland.—Specimen consists of the anterior portion of a cyst, some two inches in diameter, with thick and ridged walls, which seemed to be developed in the thyroid body. A portion of the cyst was removed, and the resulting inflammation led to a perfect cure.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
690	Tattooing.—Specimen consists of a portion of the integument taken from the arm of a sailor. It is extensively marked with various figures.		
691	Ulcerated Stump.—Reamputation was rendered necessary by a small, superficial, but irritable ulcer upon its face. Both operations appear to have been performed below the knee.		N. Y. Hospital.
692	Onychia Maligna of the Toe (wax model).—Showing the distorted nail, the ulcerated matrix, and the surrounding inflammatory swelling.		
693	Onychia Maligna, apparently of the great toe of a child.—Specimen shows the diseased condition of the nail matrix. It was removed by amputation.		Dr. Buck.
694	Onychia Maligna affecting the Great Toe (picture).—Drawn by Dr. Morris.		N. Y. Hospital.
695	Onychia Maligna affecting the Great Toe (picture).—Drawn by Dr. Morris.		N. Y. Hospital.
696	Elephantiasis (cast).—From the leg of a negro. The whole limb is greatly enlarged, at the middle of the leg measuring two feet in		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	circumference. Two deep furrows exist over the front of the ankle. The toes are no longer distinguishable.		
697	Cast of the leg of a negro, who was affected with a peculiar tuberculated condition of the skin about the lower and outer parts of the leg. Some of the tubercles were ulcerated, while others were covered by epithelium.		
698	Encysted Tumor, containing hair. —It is about an inch in diameter, and was taken from over the scapula of a child two years old, in whom it had existed from birth. On laying it open, the thick walls are seen to inclose a cavity, into which project numerous hairs, matted together with a thick sebaceous substance. They grow from the inner surface of the sac, the parietes of which very closely resemble the skin in appearance.		Dr. J. L. Vandervoort.
699	Fatty Growth, removed from the back part of the neck and shoulders of an otherwise healthy girl, 18 years old, in whom it had appeared, ten years previously, as a tumor of the size of a hen's egg. Patient is also afflicted with other similar fatty deposits on her back and on the front of the neck. The larger part of the growth was removed, and patient recovered. It formed an ill-defined, flattened mass, over thirty inches in diameter, and about three	Hosp. Rec., Case 1009, 1st Surg. Div., 1859.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	inches thick, composed of fat lobules bound together by a scanty areolar tissue, and weighing within one ounce of five pounds.		
700	Fatty Growth (photograph), representing Specimen 699, as seen from one side before removal.		
701	Fatty Growth (photograph), representing Specimen 699 from behind.		
702	Fatty Growth, not surrounded by a distinct capsule, removed from the back of a seaman. It is circular, much flattened, and about two inches in diameter.		Dr. Watson.
703	Fatty Growth (cast), involving the whole of the posterior aspect of the thigh, and forming there a large, regular, fusiform swelling. The thigh measures twenty-nine inches in circumference.		
704	Encysted Tumor of the fibro-plastic variety, removed, with favorable result, from the ulnar aspect of the wrist of a man 41 years old. The growth was of the size of a goose's egg, and lay loosely between the skin and the bone. Its substance resembled that of jelly and fibrine mixed; the color was in different parts white, yellow, and red; and in several spots chalky concretions were found.		Dr. Watson.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
705	Cast of a Recurring Fibroid Tumor, as large as a new-born child's head, sessile, and slightly lobulated, removed from the middle of the posterior part of a man's thigh, in whom it had first appeared twenty years previously, when he was 18 years old, in the form of a small round tumor of the size of a pea. It remained unchanged for ten years, after which time it began to grow, and in three years attained the size of a hen's egg, when it was removed by an operation. In eighteen months, a tumor began to grow from the cicatrix, and was again removed at the end of two years, but in six months reappeared, and has since grown to its present size. Two weeks before admission it began to ulcerate, and it has bled profusely. The tumor, which was external to the fascia lata, was removed by an incision circumscribing its base, and, on examination, proved to be of the recurring fibroid variety. Scattered through the lobes of the mass were spots of extravasated blood, some of them so old as to be entirely discolored.	Case 286, 2d Surg. Div., 1858.	N. Y. Hospital.
706	Cancer of the Skin, in the form of a round, fungous ulcer, with elevated edges. It is three quarters of an inch in diameter, and does not involve the subcutaneous fascia.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
707	Cancer of the Skin.—It forms a round flat ulcer, an inch in diameter, and involves the skin alone.		Dr. A. C. Post.
708	Cancer of the Skin, in the form of a small round ulcer, an inch in diameter. It was removed from the cheek of an old woman. The deeper fasciæ are not involved.		Dr. Post.
709	Cancer of the Skin and Subcutaneous Areolar Tissue. The disease consists in a series of rounded tumors, about an inch in diameter, which have burst through the skin, some singly, others in groups. Some of the larger ones presented a fungous appearance, and gave rise to frequent hæmorrhages. The smaller swellings are hard, and their tissue is intersected by fibrous bands in all directions. The disease first appeared in the integuments, and produced death in about nine months by invading the lungs. (*Vide* Specimens 710, 552, 485.)		N. Y. Hospital.
710	Cancer of the Skin, from the same patient that Specimen 709 was taken from. It shows the small globular tumors in a less advanced stage. (*Vide* Specimen 709.)		N. Y. Hospital.
711	Cancer of the Skin (cast), in the form of a flattened, pedunculated fungous growth, three inches in diameter.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
712	Cancer of the Scalp, removed from a negro woman. It forms a tumor of the size of an ostrich egg, well defined, of scirrhous hardness, and traversed by numerous fibrous bands. (*Vide* Specimen 713.)		Dr. Thompson.
713	Cancer of the Scalp, which formed upon the cicatrix left after removal of a smaller cancerous tumor, namely, Specimen 712. It forms a lobulated tumor, some six inches in diameter, and is of the encephaloid variety, giving rise, moreover, to frequent exhausting hæmorrhages. Patient subsequently died from a third manifestation of the disease.		N. Y. Hospital.
714	Epithelial Tumor removed from the lip. It forms a fungous and ulcerated mass, an inch in diameter, and evidently occupies one of the angles of the mouth.		N. Y. Hospital.
715	Anaplastic Operation (daguerreotype), to obviate the deformity consequent upon the removal of the lower lip of a man 48 years old, the operation being rendered advisable by the existence of a cancroid ulcer of eighteen months' standing. In operating, two vertical incisions were made downwards from very near the angles of the mouth, almost to the lower edge of the jaw, where they fell upon a horizontal cut, uniting the two first ones. The square opening thus made was then closed by flaps from the	Hosp. Rec., Case 426, 1st Surg. Div., 1856.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	cheeks. These were formed by two parallel incisions on each side about two and a half inches long, the lower one of which ran back just above the edge of the lower jaw, while the other passed back from near the angle of the mouth. These flaps, after being dissected up, were readily slipped forwards and united in the median line by sutures. The wounds healed by primary union, and, in a month, patient was discharged. The daguerreotype shows the lines of the incisions, and a slight want of fullness in the lower lip; otherwise, there is scarcely anything unusual to be noticed.		
716	Picture, evidently of a cancerous ulcer of the lower lip of a man.		
717	Picture, apparently of an ulcer which has destroyed a portion of the upper lip.		
718	Cancer of the Neck, forming a tumor larger than a walnut, enveloped in a distinct membrane, and presenting a pretty homogeneous structure on section. It was removed from a little behind the left sterno-mastoid muscle, and an inch and a half above the clavicle, of a middle-aged female in the fourth month of pregnancy. This tumor was consecutive to a small subcutaneous tubercle on the temple, near the left eye, which was left unnoticed until after the operation. About four months after this, the temporal tubercle began rapidly to		Dr. Watson.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	enlarge, and along with it the deep glandulæ concatenatæ of the neck, which lay more deeply than the tumor first removed. It terminated fatally soon after her confinement.		
719	Cancerous Tumor.—It is of the size of a pigeon's egg, slightly lobulated, and, on section, presents a number of radiating lines. It was removed from the neck of a young lady, and is supposed to be scirrhous.		Dr. Rodgers.
720	Picture of an Encephaloid Growth on the Chest.—The tumor did not involve the mamma, but was just above it. It was removed, and patient, a female aged 19, recovered from the operation.	Hosp. Rec., Case 1201, 1st Surg. Div., 1847.	N. Y. Hospital.
721	Cancer of the encephaloid variety, and of the size of a hen's egg, removed from the front of the chest of a young woman, just above the left breast. The tumor is surrounded by a layer of areolar tissue, which in many places has become condensed so as to form a definite membrane. This is probably the same case that Picture 720 was taken from. The disease returned, two years later, in the mamma.		N. Y. Hospital.
722	Cancer.—Specimen consists of a malignant lobulated tumor, with a large cyst in its center, which was removed from the arm of a seaman. The disease subsequently returned, and proved fatal. (*Vide* Specimen 723.)		Dr. Watson.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
723	Cast of a Malignant Tumor.—(For history, *vide* Specimen 722.) It forms a pendulous globular mass, as large as one's fist, and was situated on the arm, just above the elbow.		
724	Cancer of Hand.—From a seaman, 68 years old, on the back of whose hand is a foul, excavated fungous ulcer, some three inches in diameter, which originated in a wart. The hand was amputated, and patient recovered. (*Vide* Specimen 725.)	Museum Record, Case 28.	N. Y. Hospital.
725	Cancerous Ulcer of Hand (picture).—For history, *vide* Specimen 724.) Drawn by Dr. Morris.		N. Y. Hospital.
726	Cancer of Hand.—Patient, a stout farmer, 60 years old, has had a wart on the dorsum of his hand for seven years past, but it is only within the last eight or ten months that it has troubled him. It then began to enlarge, and has gradually reached its present size. It forms a foul, greyish, fungous ulcer, occupying the whole dorsum of the hand, and is some four and a half inches in diameter. The fore-arm was amputated, and patient soon left the hospital.	Hosp. Rec., Case 613, 1st Surg. Div., 1855.	N. Y. Hospital.
727	Cancer.—Removed from the left ischio-rectal fossa of a girl two and a half years old. This tumor, which proved to be encephaloid in character, was first no-	Museum Record, Case 19.	Dr. Cheesman.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	ticed ten months previously. It increased gradually, and, at the time of operation, formed a prominent swelling in the left buttock, concealing the anus, and rendering defecation difficult and painful. It was contained in a cyst, from which it was easily enucleated by breaking down some loose adhesions. It forms a mass some four inches long by two broad, and stretched up as high as the promontory of the sacrum.		
728	Encephaloid Tumor of Thigh (cast).—From a man 36 years old, who, nine months before the operation, had noticed a lump in the upper part of the popliteal space, accompanying which was a gradually increasing flexion of the leg on the thigh. Patient's general health has suffered greatly, and the tumor, which now forms a mass as large as one's head, and situated in the posterior part of the thigh, was removed by a thigh amputation only at his urgent request. Patient died exhausted in three weeks and a half. The tumor proved to be of the encephaloid variety, and was not connected with the bone.	Hosp. Rec., Case 133, 1st Surg. Div., 1855.	N. Y. Hospital.
729	Cancer of the Knee.—The parts forming the joints have been removed entire, and from one side is seen growing a large encephaloid mass—fungus hæmatodes—the summit of which is the seat of a large ulcer.		Dr. Stevens.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
730	Colloid Tumor.—It forms an irregularly circular, flattened mass, three inches in diameter, composed chiefly of large semi-transparent nodules.		Dr. Post.
731	Cancerous Warts of Toe, of the epithelial variety, and consisting in numerous small warty excrescences thickly scattered over the integument of the great toe, covering both surfaces, and extending a little upon the sole. (*Vide* Specimens 732, 733.		
732	Cancerous Warts of Toe (daguerreotype), giving a dorsal view of a toe covered with malignant warts. Evidently taken from Specimen 731.		
733	Cancerous Warts of Toe (daguerreotype), giving the plantar aspect of Specimen 732.		
734	Enlarged Lymphatic Gland, an inch in diameter, and containing, apparently, some abnormal deposit. It was removed from the situation of the sub-maxillary gland, which, to a great extent, had become atrophied from pressure.		Dr. Brown.
735	Tubercular Lymphatic Gland, of the size of a hen's egg, its structure altered by the abnormal deposit. At the circumference, there appears to be a disposition to soften; the central parts present a smooth, nearly homogeneous section.		Dr. Thompson.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
736	Tubercular Lymphatic Gland, of the size of a hen's egg. It contains numerous small deposits of tubercular matter. The largest mass has begun to soften at its center.		N. Y. Hospital.
737	Cancer of the Glands of the Neck (photograph).—From a robust man 17 years old, in whom a small tumor, which had existed for many years on the right side of the neck, had begun a year before the operation suddenly to increase in size. It grew rapidly, and now forms a lobulated growth as large as the two fists, occupying the whole of one side of the neck, from the ear to the clavicle. The trachea is pushed to one side, but neither respiration nor deglutition is interfered with. In operating, the tumor was found to consist of a great number of glands filled with encephaloid matter, the largest of them equaling in size a small hen's egg. The cavity left by their removal was skirted by the exposed carotid artery and its vein, and extended down behind the clavicle, and back nearly to the spine, and, as it was, some of the deeper glands had to be left untouched. Patient soon recovered from the operation, but died in about a year from the return of the disease in the neck, and from extensive cancerous deposits in the viscera. (*Vide* Specimen 738.)	Hosp. Rec., Case 416, 2d Surg. Div., 1857.	N. Y. Hospital.
738	Cancer of Neck.—This is a colored drawing of Specimen 737.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
739	Melanosis.—Specimen consists of a group of enlarged lymphatic glands removed from the neck and laid open, showing in the center a melanotic deposit occupying the greater part of an isolated gland three quarters of an inch in diameter. In the gland above are seen several similar deposits, but none larger than a pin's head.		Dr. Post.
740	Cancer, of the fungus hæmatodes variety, from the groin of an old man, in whom the tumor first appeared as a bubo. It increased, and at the time of death, was some eight or ten inches in diameter. On post-mortem, the heart, some of the veins, and many other viscera, were found to be involved.		Dr. Watson.
741	Cancer of Lymphatic Glands in the Groin.—They are seen filled with a deposit of melanosis, and considerably enlarged.		Dr. Post.

SECTION VII.

GENITO-URINARY SYSTEM.

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GENITO-URINARY SYSTEM.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
742	Horse-Shoe Kidney.—The two organs are joined by a broad band of renal tissue, passing from, probably, their lower extremities, across the spinal column under the great vessels.		N. Y. Hospital.
743	Kidneys of Unequal Size.—One of them is lobulated, and measures two inches in length by one in breadth. Its artery is correspondingly small. The right kidney fully compensates by its large size for the smallness of its mate. No disease of their structure.		N. Y. Hospital.
744	Absence of one Kidney.—From a man 46 years old, on whom perineal section was performed for the relief of an urethral stricture of 30 years' standing, with fistulæ. The ordinary symptoms of stricture had existed, and the urine, though turbid, was abundant. After the operation, patient did well for ten days, but was then seized with irregular chills, suppression of urine, and mental apathy, and thus died in four	Hospital Record, Case 184, 1st Surg. Div., 1859.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	days. A large pelvic abscess was found opening into the membranous portion of the urethra; the walls of the bladder were slightly thickened, and the mucous membrane congested. The right ureter was uniformly dilated to twice its natural size, and its mucous membrane was pale. The corresponding kidney was very large and moderately congested; it weighed ℥ xii., and was in the earlier stage of Bright's disease. The left ureter was atrophied and entirely impervious; it terminated above in a cyst of the size of a pigeon's egg, which replaced the left kidney, and which inclosed within its thin and ossified walls a dark syrupy fluid, containing cholesterine. No trace of renal structure was to be found.		
745	Cysts of the Kidney.—Specimen from the dissection room, consisting of a kidney, upon the surface of which are seen some half a dozen thin-walled, diaphanous cysts, varying in size from that of a small hen's egg to that of a pea.		N. Y. Hospital.
746	Encysted Tumor of Kidney.—A thin-walled sac, as large as one's fist, is seen resting upon one of the lateral surfaces of the kidney. Its walls appear to be formed by a prolongation of the capsule of the organ.		Dr. Cheesman.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
747	Rupture of Kidney by violence.—The rupture being complete, horizontal, and very nearly through the center of the organ.		N. Y. Hospital.
748	Rupture of Kidney—Cure.—Specimen consists of a kidney, which was divided almost completely into an upper and a lower half by a rupture, caused by violence, running horizontally through its center. Patient lived three weeks, and then died of another affection. The autopsy showed the wound repaired by lymph, copiously effused between the separated surfaces, and upon the exterior of the organ.		N. Y. Hospital.
749	Stab of Kidney.—From the same patient that Specimen 406, was taken from. A deep wound on the convex border of the kidney was found, not involving, however, the pelvis of the organ. Blood had been extravasated into the tissues in the neighborhood, but none had passed into the urine. The colon, the spleen, and the lungs were also wounded.	Hosp. Rec., Case 921, 1st Surg. Div., 1859.	N. Y. Hospital.
750	Abscesses of Kidney.—The organ is extensively disorganized by numerous abscesses of a scrofulous nature. They are of various sizes, chiefly about three fourths of an inch in diameter, and are scattered throughout the whole organ. Most of them appear to be accurately circumscribed by a membrane, and do not communicate with the renal pelvis.		Dr. Post.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
751	Abscesses of Kidney.—The organ is moderately enlarged, and its structure is extensively disorganized by numerous irregular tubercular abscesses, communicating with the renal pelvis. From same patient that Specimen 777 was taken from.		N. Y. Hospital.
752	Abscesses of Kidney.—Specimen from a man 24 years old, who died, after a short illness, with extensive tubercular deposits in his lungs and also in the testicles. In this, the right kidney, which is of its natural size, are seen several small, well-defined abscesses, scattered through its substance.	Museum Record, Case 105.	Dr. J. Rand.
753	Fatty Kidney.—In the center, is seen the dimly-marked outline of a very small kidney; the cones can still be traced towards the renal pelvis, the cavity of which is mostly occupied by a spermaceti-like deposit, similar in appearance to a layer of substance an inch thick, which is seen springing from the external portions of the kidney and investing the whole organ in a soft envelop as white as snow.		N. Y. Hospital.
754	Fatty Kidney.—From a man 21 years old, who had been sick three weeks with dysenteric symptoms. He finally became insensible, with twitchings of the muscles of the face. Autopsy revealed slight congestion of the mucous membrane of the small intestine. Both kidneys pre-	Hosp. Rec., Med. Div. Jacobs. Died March 31, 1859.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	sented appearances similar to the section preserved, and each weighed eleven ounces. The tubular portions were of a brown color, while the cortical, in strong contrast, were white. The surface of the organs was smooth and mottled. The urine had not been examined.		
755	Nodulated Kidney.—It is smaller than natural, and irregularly contracted, the large lobes being studded with nodules about the size of peas, which project but little.		N. Y. Hospital.
756	Calculi of Kidney.—From a man 41 years old, who, eight years previously, had voided numerous stones. After this, he began to suffer more or less pain in his loins, while his urine was often bloody or purulent. His lungs finally becoming affected with tubercle, he died. The kidneys, which were joined to each other by a band passing between their lower extremities, were to a great extent disorganized by suppuration, and contained numerous large calculi; the left one being especially affected, and also much enlarged. The largest stone is about an inch in length, and from its body project several branching offshoots.	Museum Record, Case 103.	N. Y. Hospital.
756[A]	Deposit from the Urine of a lady suffering from symptoms of renal calculus.		Dr. Watson.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
757	Calculus of Kidney.—A brown, flattened calculus, about three fourths of an inch in diameter, with a long beak-like projection, stretching into the renal pelvis, is seen, occupying one of the calices of an otherwise apparently healthy kidney.		N. Y. Hospital.
757[A]	Two Renal Calculi, voided at an interval of three or four years by the same gentleman; the largest, last. They are both of the oxalic variety. He subsequently, after another interval of two or three years, voided a third, apparently of the lithic acid variety, and a little smaller than the larger of these two.		Dr. Watson.
757[B]	A Calculus, probably renal, possibly prostatic, voided by a gentleman supposed by a surgeon of Paris to be troubled with stricture, the calculus not then being suspected. Its passage put a stop to the symptoms ascribed to stricture.		Dr. Watson.
758	Cancer of the Kidney.—From a man who had suffered from it for seven or eight years, the tumor becoming perceptible both in the lumbar region and through the anterior abdominal walls. It was accompanied by progressive emaciation, with bloody urine, and occasional severe pain along the urethra; doubtless, from clots of blood. The mass forms an irregularly rounded tumor, as large as one's fist, growing from one of the extremities of the kid-		Dr. Markoe.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	ney, and merging imperceptibly into the normal tissue of the organ. The bladder and ureters were healthy, and no cancer was found elsewhere.		
759	Cancer of Kidney.—From a patient with extensive deposits elsewhere, and who had no symptoms of renal disease. The mass, which is as large as the head of a child a year old, consists below of the kidney, which is considerably distorted, and above, of a large, lobulated, encephaloid tumor, springing from the convex surface of the organ. In the section, this deposit passes gradually into the normal kidney tissue, while, externally, the division between the two is well marked.		Dr. Buck.
760	Cancer of Kidney, in the form of a nodulated encephaloid tumor of the size of a new-born child's head, and springing from the peripheral portion of a kidney, which otherwise appears healthy.		Dr. S. C. Foster.
761	Double Ureter.—A large kidney is seen with two ureters. The two renal pelves from which they spring do not communicate with each other.		N. Y. Hospital.
762	Closure of Ureter.—Specimen consists of a kidney, the surface of which is nodulated, and whose pelvis is greatly distended, so that it could contain some three		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	ounces of fluid. The distension is caused by a closure of the ureter, which has taken place just below the swelling. No history is known.		
763	Ureter with Impacted Calculus, partially laid open, and showing an elongated, rounded calculus, half an inch in diameter, which has been arrested about three inches below the kidney. Below this, the ureter is of its natural size; above, it is a little enlarged. The kidney shows several abscesses communicating with the renal pelvis.		N. Y. Hospital.
764	Wax Model of the Pelvis, bisected antero-posteriorly, showing the position of the bladder and rectum.		
765	Inversion of the Bladder (picture). —(*Vide*, also, Specimen 766). Pamphlet.		
766	Inversion of the Bladder (cast).		
767	Bladder (greatly distended), taken from a female child 4 years old, who was allowed to die from retention of urine. She was seized with retention, and this was followed by dribbling away of the urine, from which latter circumstance the quack who attended her imagined that the bladder must be empty.		Dr. Post.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
768	Rupture of Bladder (partial).—From a man who died three days after being run over by a railroad car, and sustaining a fracture of the pelvis, and a rupture of the liver. The perforation is on the right side and posterior surface of the otherwise healthy bladder, and within an inch of its superior fundus. It is about one inch long, and has involved only the muscular and mucous coats, thus allowing the urine to be infiltrated into the areolar tissue merely, without involving the peritoneum.		N. Y. Hospital.
769	Rupture of Bladder.—From a middle-aged man, who was struck over the abdomen, forty-eight hours before death, by a heavy stone—his bladder, at the time, being full of urine. He passed but little water during life, but, on post-mortem examination, four pints of urine were found in the peritoneal cavity. The bladder, at its superior fundus, had sustained a complete rupture, irregularly circular in form, and nearly two inches in diameter.	Museum Record, Case 81.	N. Y. Hospital.
770	Rupture of the Bladder.—From a woman 19 years old, who died of peritonitis, four days after having had the wheels of an omnibus pass over her back, she not having passed her water for several hours before the accident. Her urine was scanty, and had to be drawn off by a catheter, and was bloody during the first day. A complete rupture, about	Hosp. Rec., Case 232, 1st Surg. Div., 1859.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	an inch long, was found near the superior fundus of the contracted bladder. The edges of the wound were in coaptation, but not coated over by lymph, which, however, was effused upon the intestines, while the peritoneal cavity contained three pints of a serous fluid, doubtless in part composed of urine. No other lesions.		
771	Rupture of Bladder.—From a man 18 years old, who died two days after having been caught between two railroad cars. During life, he was able to pass his urine with full force. The bladder was found to be contracted down to the size of a goose's egg, and presented at its fundus a linear rupture, through all its coats, about one inch long, and partially closed by a protruding rim of mucous membrane. There was also a fracture of the pelvis.	Museum Record, Case 80.	N. Y. Hospital.
772	Hypertrophy of the Walls of the Bladder.—The viscus is normal in size, but the muscular coat is half an inch thick, its large fibres forming close-set, elevated ridges. The mucous and submucous layers are also much increased in thickness.		N. Y. Hospital.
773	Hypertrophy of Bladder, consequent upon enlargement of the prostate, involving especially its third lobe, which forms a projection into the bladder at the origin of the urethra. The cavity of		Dr. Post.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	the organ is enlarged, its walls are thick, and a sacculus has formed near the fundus.		
774	Sacculated Bladder. — Specimen shows a number of sacculi, the largest of the size of a pigeon's egg, opening by narrow canals into the cavity of a bladder, the walls of which are thickened, doubtless owing to the obstruction caused by the enlarged prostate, which is seen below. None of the cavities contained calculi, nor were the patches of false membrane seen upon the mucous membrane gritty.		Dr. Post.
775	Inflammation of Bladder and Kidney.—Specimen taken from a man 35 years old, who began to suffer, one year before, from ardor urinæ and diminution in the size of the stream; there having been, he said, no venereal antecedent. Pain in the bladder, and a purulent condition of the urine followed, together with emaciation. He gradually sank, there being no important change, except a suppression of urine, unaccompanied by coma, which supervened forty-eight hours before death. On examination, the urethra presented nothing abnormal, except a little undue vascularity, and a slaty tint as far back as the prostatic portion, where the canal suddenly ended by a well-defined, ulcerated margin, beyond which, and in the place of the prostate, which had entirely disappeared, was a small abscess. The coats of the blad-	Museum Record, Case 82.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	der were hypertrophied, and the mucous membrane in a great degree destroyed. The left ureter, the canal of which presented no obstruction, was surrounded, from the bladder to the kidney, by a large abscess, with the cavity of which it communicated by a small opening. Tubular portion of left kidney extensively disorganized by abscesses communicating with the renal pelvis. Cortical portion healthy, as also was the right kidney. The lungs contained miliary tubercles.		
776	Inflammation of the Bladder.—From a patient who had had a rupture of the kidney, and died three weeks later of another affection. The mucous membrane is seen extensively coated by a thin layer of false membrane.		N. Y. Hospital.
777	Tubercular ulceration of Bladder.—The mucous membrane is extensively destroyed by numerous small superficial ulcers (*vide* Specimen 751).		N. Y. Hospital.
778	Tubercular Ulceration of Bladder.—Numerous small superficial circular ulcers are seen upon the mucous membrane. From same patient that Specimen 515 came from.		N. Y. Hospital.
779	Erectile Tumor of the Bladder.—Specimen taken from a widow 72 years old, who, three years before death, first began to suffer from uneasiness in her bladder,	Gross on Urinary Organs, p. 326.	Dr. Cheesman.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	and frequent desire of voiding her urine, which latter was always mixed with unclotted blood. The pain increased, and became especially severe upon passing the last drops of urine, and patient finally died exhausted. Upon the floor of the bladder, and apparently springing from its mucous membrane, was a soft, spongy, pedunculated tumor, of a florid color, with an irregular villous surface, and measuring about two inches in diameter. The mucous membrane surrounding the growth was healthy, as were also all other organs of the body.		
780	Cancer of the Bladder.—Specimen consists of an inverted bladder, showing a deposit of melanosis upon the mucous membrane, in the shape of numerous nodules, varying in size from a pin's head to a pea. The spots were originally black, and there was, besides, a shiny micaceous-looking deposit on the mucous membrane, which probably was cholesterine.		Dr. Post.
781	Cancer of the Bladder.—The disease, which is of the encephaloid variety, has chiefly been deposited about the neck of the organ, forming there an irregular tuberculated mass, becoming thinner as it extends towards the superior fundus. Scattered through its substance are numerous black patches, marking the intermediate stage between ordinary encephaloid and melanosis.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
782	Cancer of the Bladder.—From a man 40 years old, who, about a year before death, and shortly after an attack of intermittent fever, first began to have pain in the region of the liver and the spleen, and difficulty in defecating. Soon his urine became dark, and he, in voiding it, had pain along the urethra, while at times his stream would stop suddenly. Patient died a few days after admission. The peritoneum contained serous fluid, and the liver was occupied by cancerous masses. Between the bladder and the rectum a scirrhous tumor was found as large as a goose's egg; it involved the posterior wall of the bladder, and from its surface in the base of the bladder were seen springing small vegetations of a bright red color. The prostate gland was of natural size, but contained some scirrhous deposit. Other organs healthy.	Museum Record, Case 102.	Dr. Watson.
783	Urethro-Rectal Fistula, produced by calculi in the prostate gland. Patient had long suffered from vesical irritation and impediment in passing water. While at sea, he was seized with complete retention, and was suddenly relieved by a gush of urine from the rectum. A fistula, admitting a full-sized bougie, is seen passing through the remains of the prostate into the rectum, and around its prostatic orifice lie two patches of calcareous deposit.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
784	Bladder with Sacculated Calculi.—From a gentleman about 80 years of age. Specimen consists of a greatly hypertrophied bladder, laid open anteriorly, and showing, below, the prostate of two or three times its natural size, and, above, a sac larger than a hen's egg, opening into the bladder near the fundus, by a narrow canal, and filled by several large, smooth calculi. These calculi could not be detected by the exploring sound during life, but the pouch containing them could be felt through the abdominal parietes. The pouch contained, when removed from the body, five calculi, not one of which was small enough to pass through the narrow orifice of the pouch into the bladder. He had been under the care of Drs. Hoffman and Watson.		Dr. Watson.
785	Bladder with Sacculated Calculi—Lateral Section for Stone.—This specimen consists of the bladder and the neighboring parts, which were removed from a man 61 years old, who had had nephritic and cystic symptoms for six years. During the last two, he always had to draw his water off by a catheter, on account of an obstruction at the neck of the bladder. The lateral section was performed, and twenty-one stones removed, and also a small fibrous mass, which was found, partially detached, in the depth of the wound. Patient died, in two days, of urinary infiltration. On examination, the kidneys bore the evidences of both old and re-	Hosp. Rec., Case 262, 2d Surg. Div., 1857.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	cent inflammation. The bladder was hypertrophied, and contained two calculi. Communicating with its cavity were several sacs, some of which contained large calculi. At the mouth of the urethra was a pedunculated tumor, springing from the prostate in the region of the third lobe, and so situated as readily to fall over the orifice of the canal; from its side a slice had been removed. The cut through the prostate presented nothing unusual, and the point whence the infiltration of urine took place could not be discovered. (*Vide* Specimen 792.)		
786	Bladder with Calculi, one of them sacculated. — Specimen taken from a gentleman who had suffered for years from some trouble in his urinary organs, the nature of which his homœopathic physician did not appear to understand. He had occasional palpitations, and was finally carried off by an attack of acute mania. No evidences of cerebral disease were found, but the kidneys were much altered in structure, and the lining of the aorta was inflamed, being of a brilliant scarlet color, as far down as the bifurcation. This specimen shows:— 1st. A pedunculated tumor in the position of the third lobe of the prostate. 2d. Hypertrophy of the coats of the bladder, and a honey-comb appearance of the mucous membrane. 3d. A small stone, resting in a sac, on the posterior wall of the bladder. 4. A moderate-sized calculus free		Dr. Watson.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	in the cavity of the bladder. (N. B.—A second stone, also found in the bladder, was not preserved.) Lastly, a double ureter on the left side.		
787	Bladder with Calculi—Cancer of Penis.—Patient was an Italian 77 years old, who had suffered from calculus for thirty years. He also had his penis amputated twelve years ago for cancer, and he had an unreduced dislocation of the hip. (*Vide* Specimen 305.) He died, a few days after admission, from inflammation of the kidneys. No trace of cancer was found in any of the organs. The bladder was very small, and would not hold over two or three drachms. Its walls were half an inch thick, and in its cavity lay a small mulberry calculus. Below this, and occupying a cavity which was larger than the bladder, and which was bounded by the capsule of the destroyed prostate, was a stone an inch and a half in diameter, spherical in shape, and sending a long, beak-like projection into the urethra. (This last has been broken off.)	Case 745, 2d Surg. Div., 1857.	N. Y. Hospital.
788	Bladder with Calculus—Fistulæ.—From a man 67 years old, who had had several calculi extracted from the urethra by the knife, and, five years before death, had undergone lithotomy. The calculus, however, formed again, and, three years later, finally led to his death, he having declined a second operation. The calculus was found nearly to fill the	Museum Record, Case 17.	Dr. Alex. Hosack

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	bladder, and some detritus was adherent to the greatly thickened walls. A fistulous track leads from near the neck of the bladder into the rectum, and another into the perineum. N. B.—The stone has been lost.		
789	Calculus—Nucleus of Wood—extracted, with a favorable result, from the bladder of a half-witted man 26 years old, whose symptoms were of two years' standing, and who denied ever having introduced anything into his bladder. The stone is white, smooth in some parts, rough in others; in shape, like an elongated egg, measures two and a half by one and a quarter inches in its greatest diameters, and weighs ℥ i, grs. 130. The nucleus consists of a bit of porous red wood, of about the thickness of a goose-quill, which occupies the whole of the longer axis. Composition.—Fusible calculus, crystals of triple phosphate, interspersed throughout the mass.	Hosp. Rec., Case 4, 1st Surg. Div., 1859.	N. Y. Hospital.
790	Calculus Vesicæ (slate-pencil nucleus).—Removed by the lateral operation from a man 20 years old, whose symptoms dated back four or five years, at which time another lad had pushed a bit of slate pencil into his urethra, whence it had slipped into the bladder. Patient at first did well, but on the eighth day pneumonia supervened, and subsequently bed sores formed, which, still later, were followed by diar-	N. Y. Med. Times, April, 1854, p. 225.	Dr. Van Buren.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	rhœa, proving fatal on the fortieth day. At this time the perineal wound had contracted down to a mere fistulous track. The stone is elliptical in shape, and, on being sawn in two, shows a slate pencil one and a half inches long, occupying its major axis. Weight, ℥ iij, ʒ v, grs. xi.; length $2\frac{3}{4}$, breadth $2\frac{1}{16}$, thickness $1\frac{3}{4}$ inches. Composition. — Phosphate of lime.		
791	Calculus Vesicæ — head-of-wheat nucleus.—Removed, by the lateral operation, from the bladder of a man 67 years old, whose symptoms dated back three years. In extraction, the stone, which was of large size, crumbled into fragments, and disclosed a nucleus which consisted in a full-sized head of wheat, which had doubtless been introduced into the urethra for the purpose of unnatural excitement. Pneumonia supervened, and proved fatal on the sixteenth day. The head is slightly bent upon itself, and is over two inches long. The calculous deposit consisted of triple phosphate.	N. Y. Jour. of Med., May, 1850. p. 323.	Dr. Van Buren.
792	Twenty-one Calculi from the bladder of a man 61 years of age. (For history, *vide* Specimen 785.) Three of the larger stones are each of the size of a pigeon's egg. From this there is a regular gradation down to the smallest, which are of the size of a pea. They are polyhedral, with smooth, plain sides, and rounded	Hosp. Rec., Case 262, 2d Surg. Div., 1857.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	angles. They consist of a nucleus of uric acid, surrounded by triple phosphate and phosphate of lime.		
793	Calculus.—From a man aged 18, with symptoms since the age of five. Six years ago, a calculus was detected by a steel sound. Lateral perineal operation was performed, and the stone extracted with some little difficulty. Patient died four days later of peritonitis. No autopsy allowed. The stone is somewhat oval in shape, and its section is beautifully marked by concentric lines of different colors. The nipple-like process seen at one end projected into the neck of the bladder, while the concave curve behind it rested upon the bas fond. The stone weighs ℥ i, 3 viss; length 2 inches; breadth 1⅝ inches. Composition (Dr. J. C. Dalton).—The central nucleus is uric acid; the yellow layers, uric acid; the dark brown, irregular layers, oxalate of lime; the white, outer crust, phosphate of ammonia and magnesia.	Hospital Record, Case 372, 2d Surg. Div., 1857.	N. Y. Hospital.
794	Calculus, found without any history.—It is of the mulberry variety, irregularly spherical, and much flattened. Weight, 3 i, grs. 25; diameter, ¾ of an inch. Composition.—Yellow nucleus, uric acid; outer layers, oxalate of lime.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
795	Calculus.—From bladder of a man 25 years old, who died, a few days after admission, with symptoms of chronic inflammation of the kidneys. Five years previously, he first had pain in his loins, which was followed shortly by the ordinary symptoms of stone. Both kidneys were found to be extensively disorganized by abscesses in and about them. Ureters dilated to the size of the small intestine. The bladder, which was inflamed, contained the calculus; it is a beautifully-marked specimen of the mulberry variety—spherical, nodulated—weighs ℥ ss., and is 1¼ inches in diameter. Composition. —Oxalate of lime.	Hosp. Rec., Case 847, 1st Surg. Div., 1859.	N. Y. Hospital.
796	Calculus.—From a boy 6½ years old, who had had symptoms for four years; chiefly, trouble in urinating, with moderate vesical irritation, and sudden stoppage of the stream. Lateral perineal operation was performed, and a great deal of difficulty experienced in extracting the stone, as it was partially encysted upon the anterior wall of the bladder, and so tightly constricted that a knife had to be used to liberate it. Patient soon recovered. The stone is of an hour-glass form; one of the bulbs, however, being three times the size of the other, which smaller portion was the one within the cyst. The stone weighs ℥ ii, and is 1¾ inches long. Composition. — Triple phosphate.	Hosp. Rec., Case 319, 1st Surg. Div., 1854	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
797	Calculus.—From bladder of a boy 13 years old, whose symptoms dated back only a few months. Lateral perineal operation was performed, but the incision had to be enlarged, and considerable force used to extract the stone. Patient recovered rapidly. The stone is nearly spherical, and presents the rough, tuberculated appearance of the mulberry variety. It is $1\frac{3}{4}$ inches in diameter, and weighs 3 vi, grs. 50. Composition.—Oxalate of lime, some of the nodules covered with a layer of uric acid.	Hosp. Rec., Case 587, 1st Surg. Div., 1855.	N. Y. Hospital.
798	Calculus.—From the bladder of a boy 5 years old, whose symptoms were of two years' standing. Stone extracted by the lateral perineal section. During convalescence, patient had a mild attack of scarlatina, accompanied by a copious diphtheritic exudation upon the wound, which considerably delayed his recovery. The stone is very rough, shaped somewhat like an almond kernel, is $\frac{3}{4}$ of an inch long by $\frac{5}{8}$ broad, and weighs grs. 26. Composition.—Oxalate of lime.	Hospital Record, Case 532, 2d Surg. Div., 1857.	N. Y. Hospital.
798[A]	Calculus from Bladder, partly crushed by lithotrity, and subsequently, owing to irritability of the bladder, removed by lithotomy.		Dr. Watson.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
799	Calculus.—From bladder of a man 26 years of age, with symptoms of six months' standing. Extraction by the lateral perineal operation, followed by speedy recovery. The stone weighs ʒ ii. It is very much flattened, and is elliptical in outline, its long and short diameters being 1¼ and 1 inch. The surface, which consists of a shell of triple phosphate, is slightly granular, while the central portions are formed of uric acid.	Hosp. Rec., Case 618, 1st Surg. Div., 1855.	N. Y. Hospital.
800	Calculus.—From the bladder of a man 20 years old, with symptoms dating back ten years. Stone removed by the bilateral section, without accident, and patient soon recovered. Weight, ℥ i, ʒ i. It has a rough, irregular surface, is nearly spherical, and measures 1⅞ by 1½ inches. Composition.—Fusible calculus.	Hosp. Rec., Case 801, 1st Surg. Div., 1851.	N. Y. Hospital.
801	Calculus.—From the bladder of a boy 12 years old, with symptoms occurring at intervals for three years. The bilateral operation was performed, and patient soon recovered. The stone is irregularly cylindrical, having a constriction near its center. It measures 1⅛ inch in length by ⅞ in breadth, and weighs ʒ iiss. It is of the mulberry variety, and has the usual rough surface. Composition.—Oxalate of lime.	Hosp. Rec., Case 760, 1st Surg. Div., 1856.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
802	Calculus.—Patient, a man 36 years old, had been operated on two and a half years previously by the lateral perineal section, at which time, during extraction, the stone broke and was removed in pieces. For the last six months his symptoms have all returned, and he has become addicted to the immoderate use of opium. The operation was performed through the old scar; the stone again broke, and was extracted chiefly in the shape of small, irregular, granular pieces. Patient died without reaction, in four hours, from shock. The autopsy revealed tubercles in both lungs, an abscess in the prostate, and a small calculus in the kidney. The fragments weigh 3 i, grs. 48, and consist of a large, hard, rounded piece, which was probably the nucleus, and of a quantity of coarsely granular material. Composition.—The arborescent crystallizations contain uric acid, phosphate of lime, and triple phosphate. The uric acid probably forms the nucleus around which the phosphates are deposited.	Hosp. Rec., Case 866, 1st Surg. Div., 1854.	N. Y. Hospital.
802[A]	Calculus Concretions and Detritus.—Removed by a second operation of lithotomy on the patient from whom the Specimen No. 798[A] was taken. The second operation was performed some two years after the first. The bladder was in a state of suppuration. The patient, about 70 years of age, survived the last operation only a few weeks.		Dr. Watson.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
803	Calculus.—Found without any history. In shape, a much flattened sphere, smooth and laminated; it weighs ʒ v, ℈ ii, and measures 1½ by 1¼ inches. Composition.—External layer, uric acid; the inner, triple phosphate.		N. Y. Hospital.
804	Calculus.—Found without any history. It is irregularly spherical, with several smooth facets, measures 1¼ by 1 inch, weighs ʒ iij, and has a laminated structure. Composition. — Whitish layer, triple phosphate; darker layer, uric acid.		N. Y. Hospital.
805	Calculus.—Large laminated fragments and detritus of a medium-sized stone; found without history. Composition. — Nucleus, oxalate of lime; external layer, fusible calculus.		
806	Calculus.—Fragment sawn in two, showing the various layers. Composition.—Nucleus, uric acid; alternate layers of uric acid and oxalate of lime; outer portion, fusible calculus.		
807	Calculus.—Fragment showing the nucleus and the layers deposited upon it. Composition.—Nucleus, oxalate of lime; outer layers, triple phosphate.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
808	Calculus.—Removed, with a successful result, from the bladder of a boy by the lateral operation. It is of an oval form, with slightly granular surface, and measures $\frac{3}{4}$ of an inch in its greatest diameter; weight, grs. 32. Composition.—Oxalate of lime.		Dr. Van Buren.
809	Calculus.—Removed, with a successful result, by the lateral operation, from the bladder of a boy 5 years old. The stone is moderately rough, and, in shape, a flattened sphere. Its longest diameter measures $\frac{3}{4}$ of an inch, and its weight is grs. 53. Composition. —Oxalate of lime.		Dr. Van Buren.
810	Calculus.—Extracted a number of years ago by Dr. Rodgers, from a man's bladder, by the lateral perineal section. Patient recovered. It is very large, cylindrical in shape, with a shallow constriction around its center; surface smooth; weight ℥ ii, ʒ vss; length $2\frac{1}{2}$ inches; breadth $1\frac{5}{8}$ inches. Composition (Dr. J. C. Dalton).—The brown center is uric acid, with a little urate of soda. The white crust is phosphate of magnesia and ammonia.		Dr. J. K. Rodgers.
811	Calculi.—These two stones were removed, with a favorable result, from a boy $7\frac{1}{2}$ years old, by the lateral operation. They are of a light grey color, and are of an irregularly rounded shape, with several flattened facets. Their greatest diameters are between		Dr. Van Buren.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	$\frac{3}{4}$ of an inch and 1 inch; weight, small one, grs. 43; large one, grs. 56. Composition.—Both of the fusible variety.		
812	Calculus.—Removed from a boy $3\frac{1}{2}$ years old, by the lateral operation, with a favorable result. The stone has a granular surface, and is cylindrical in form. It measures a little over $1\frac{1}{8}$ inches by $\frac{7}{8}$ of an inch; weight ʒ i, ℈ iiss. Composition.—Fusible calculus.		Dr. Van Buren.
812[A]	Calculus removed by lithotomy, from a boy.		Dr. Watson.
813	Calculus.—Removed by the lateral operation, and with a favorable result, from the bladder of a boy. The stone is smooth, of an oval shape, and measures five eighths of an inch in its long diameter; weight, grs. 20. Composition.—Inner layer, uric acid; external, oxalate of lime.		Dr. Van Buren.
814	Calculus.—Removed by the lateral operation, from the bladder of a boy $2\frac{1}{2}$ years old, with a successful result. The stone is so small that it could have passed out through the urethra of an adult. It is ovoidal in shape, and measures half an inch in its long, and three eighths in its greatest transverse diameter, and has a rough, granular surface. Weight, grs. 10. Composition.—Oxalate of lime.		Dr. Van Buren.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
814[A]	Calculus.—J. D., æt. 65, a native of England, but for many years resident in New York. Symptoms of ten years' duration, and dating from an attack of renal colic. Lateral operation performed February 23, 1860. Recovery rapid, the wound healing entirely by April 7th, the patient at that time going about. Dimensions,—length, $2\frac{15}{16}$ inches; breadth, $2\frac{1}{16}$; thickness, $1\frac{7}{32}$; circumference, lengthwise, on edge, $8\frac{1}{16}$; circumference, lengthwise, on surface, $7\frac{1}{16}$; circumference, transverse, $5\frac{5}{8}$; weight, ℥ iv, ʒ iij, grs. xv. Composition.—An incomplete stratum on the surface of phosphate of lime; the remainder, uric acid.		Dr. Buck.
815	Lumps of Brick from the Bladder.—This collection (which contains only about one fourth of the whole number) consists of sixty-seven fragments of brick, extracted at various times, through the urethra, from the bladder of a colored woman, who, after greasing them, used to introduce them into her bladder for purposes of deception, and without suffering serious inconvenience. Only one fragment was in the bladder at a time. A piece of medium size measures two and a half inches in length by three quarters in breadth, and weighs ℈ ss. The fragments are all of the shape of a smooth cylinder, slightly curved on its long axis, and in color some are red, others grey.		Dr. Stevens.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
816	Calculus. — Removed from the urethra. It is somewhat cylindrical, and very rough, being covered by shining crystals of triple phosphate. It is about one quarter of an inch long by one eighth in diameter.		Dr. Swett.
817	Calculus.—Taken from the urethra of a boy 5 years old. It is a laminated, roundish mass, of the size of a pea. Composition.—Inner layer, oxalate of lime; outer, uric acid.		Dr. Hosack.
817[A]	Lithic Acid Crystals.—From the urine of an infant.		Dr. Watson.
818	Hypertrophied Prostate. — The gland is of about the size of a goose's egg, and is equably enlarged. The urethra has evidently been narrowed and slightly bent to the right in its passage through the gland. Walls of the bladder moderately thickened.		N. Y. Hospital.
819	Hypertrophied Prostate.—It is of about one and a half times its natural size. The enlargement is pretty equable, but the urethra is slightly sinuous.		N. Y. Hospital.
820	Hypertrophied Prostate. — The gland is equably enlarged, and of more than twice its natural size. It has obstructed the urethra, and thus given rise to the enlargement of the cavity of the bladder, with slight thickening of its walls.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
821	Hypertrophied Prostate. — The gland is seen to be of twice its natural size; and the bladder, without any thickening of its walls, has at least four times its natural capacity. This specimen was from an old man, who died of irritation consequent upon the retention of urine in the bladder. He was attended by a quack doctor.		Dr. Post.
822	Hypertrophied Prostate. — The third lobe is seen, forming a pedunculated tumor of the size of the end of the thumb, in the bladder, at the origin of the urethra.		N. Y. Hospital.
823	Hypertrophied Prostate.—Below, the prostate is seen slightly enlarged, and in the situation of its third lobe is a round tumor three fourths of an inch in diameter, enveloped in a distinct cyst, and apparently having no connection with the prostate itself, except that of contiguity. Above, the bladder is seen enlarged, and its walls thickened, while two large pouches open by small orifices upon its posterior wall.		Dr. Post.
824	Tubercular Disease of Prostate.— Specimen shows the vasa deferentia nearly blocked up, and the vesiculæ seminales very much enlarged by an abundant deposit of tubercle. The prostate is also involved, and has evidently broken down, and formed an ab-		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	scess into which the urethra, passing down from the bladder above, is seen to open.		
825	Cancer, involving the region of the prostate gland, and obstructing the flow of urine, thus occasioning thickening and enlargement of the bladder, dilatation of the ureter of the renal pelvis, and, finally, atrophy of the kidney.		
826	Cyst of Testis.—Springing from the testicle is seen a cyst, of the size of a pigeon's egg; its walls are thick and laminated, and it was filled with transparent serum. The gland is atrophied, and from its external surface a foul, fungous ulcer protrudes through the adhering integument.		N. Y. Hospital.
827	Inflammation of Testis.—Specimen showing slight enlargement of the organ, caused by infiltration of its substance by a deposit (originally yellow) consequent on chronic inflammation.		N. Y. Hospital.
828	Chronic Epididymitis.—Specimen consists of the testicle removed from a man 35 years old, who, six years previously, had had chancre, and was salivated, but who had no very clear evidences either of secondary syphilis or of struma. Two years before the operation the right testicle began slowly to swell, and it is now moderately enlarged; the other is also slightly swollen.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	Anti-syphilitic remedies, for a time, seemed to do good, but, afterwards, the disease became stationary. A large ulcer formed upon the scrotum, after the opening of an abscess there, but it did not become fungous. On extirpation, this ulcer was found to rest upon, without penetrating, the tunica albuginea. The disease was almost entirely confined to the epididymis, in which were several small abscesses, and also nodules of the size of peas, resembling tubercle; these, however, appeared, under the microscope, to be simply the desiccated remains of old abscesses, which, together with inflammatory effusions, nearly obliterated the structure of the epididymis. The body of the organ was healthy, and the tunica vaginalis contained a little serum. Patient, at the time of the operation, had lost all sexual desire.		
829	Testis, probably scrofulous, and not yet advanced to softening. The normal texture has disappeared, the section presenting an irregularly streaked and granular appearance. There is no enlargement of the testis proper, but its capsule is greatly thickened, presenting several dense laminæ, some of which, no doubt, are the remains of inflammatory effusions.		Dr. Watson.
830	Scrofulous Testis.—From a man who died of phthisis, the disease of the testis having been station-		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	ary for a long time previously; the only symptoms being occasional pain, and the enlarged and hardened condition of the organ. On section, a thick and dense fibrous layer is seen on the exterior, enveloping several large, round masses, which occupy the body of the gland, and are doubtless tubercular; the largest of these is at least an inch in diameter. The exterior of the testis is smooth, and the epididymis of normal size.		
831	Scrofulous Testis.—Slightly and uniformly enlarged by a tubercular deposit, which, in the section, is seen to consist of numerous small round granules, closely packed, and which, at one point alone, has as yet softened. Epididymis much thickened, apparently by a similar deposit:		Dr. Watson.
832	Scrofulous Testis.—Specimen appears to consist of a testicle disorganized by the deposition in it of round tubercular masses, one of which has softened. The epididymis is also involved.		N. Y. Hospital.
833	Scrofulous Testis, moderately enlarged, and, on section, showing uniform infiltration of its substance by a tuberculous deposit, which, in several points near the periphery, has softened and formed abscesses.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
834	Fungus Testis.—From a man 30 years old, who had repeatedly had gonorrhea, and also primary syphilis, but no secondary symptoms. Two and a half months before admission the left testis began to swell spontaneously, and to be painful, and the right one, also, soon after. A month later a fungous ulcer appeared upon the left testicle, and it continued to enlarge, so that extirpation was deemed advisable. On section of the mass, which was of the size of a hen's egg, the body of the testis was found to be reduced, there being a nodule not larger than the tip of the finger, and surrounded by a dense white envelope, evidently the thickened tunica albuginea. Sprouting from this remnant of the gland, which is evidently healthy, is the fungus. The main body of the tumor is composed of a confused, irregular yellow and grey mass, into the upper part of which enters the cord, which latter is not diseased.		N. Y. Hospital.
835	Cancer of Testis.—Specimen consists of a testicle affected by a deposit of encephaloid, which seems to have been equably infiltrated through its tissue, and which has caused moderate enlargement. The disease returned in the groin within a year after extirpation.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
836	Cancer of a Testis, which had never descended into the scrotum.—This testicle, which remained in the inguinal canal for thirty-five years, finally became diseased, and in a few months reached its present size. The diagnosis was obscure, chiefly owing to the presence of a small indurated swelling of about the size and shape of an ordinary testis, situated in the course of the cord, and just below the larger tumor. The mass, which was of the size of a hen's egg, was removed by Dr. Stevens; but several months later the inguinal lymphatic glands became enlarged, and patient finally died of cancer, developed in other organs. In the specimen the central parts are occupied by a well-defined spherical mass of cancer, an inch in diameter, which has pushed the proper gland tissue before it.		Dr. Watson.
837	Cancer of Testis.—Specimen consists of the testicle enlarged to double its normal size, by the deposition within its substance of numerous roundish masses of encephaloid matter, which have in one point led apparently to ulceration through the integument.		Dr. Post.
838	Cancer of Testis.—Patient, a laborer, 30 years old, was struck upon the scrotum, *two weeks* previous to his admission, and within this time a tumor had originated in the testis, and had grown to the size of a three-years-old	Museum Record, Case 74.	Dr. J. D. Trask.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	child's head, after which it remained nearly stationary. Two weeks later he was seized with symptoms, rational and physical, of inflammation in the chest, which proved fatal in about five weeks more, or, more precisely, seventy days after the injury. The cancerous testis weighed six pounds six ounces, and the whole left lung (except a small portion near the apex) was converted into a solid mass of brain-like cancer. Masses of the same material were formed in the other lung, and in the mesenteric glands; and the right side of the heart was moderately hypertrophied.		
839	Hydrocele and Fungus Testis.—From a man with syphilitic antecedents, who had a painless swelling on the right side of the scrotum, of ten years' growth. Thirteen days previous to the operation a fungus had formed at the lower part of the testicle. Specimen shows the thickened sac of an old hydrocele, and a confused, irregular mass, representing the testis. On section, it is evident that but little of the normal structure remains.	Museum Record, Case 27.	N. Y. Hospital.
840	Tunica Vaginalis Testis, laid open so as to show numerous fibrous bands passing between its two opposed surfaces, and subdividing the main cavity into smaller ones communicating with each other.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
841	Hydrocele. — Specimen showing the thin walls of a hydrocele, globular in form, and of the size of an ostrich egg. The sac is open, so as to show the position of the testicle at the lower and posterior part of the tumor.		Dr. Post.
842	Hydrocele, of the size of an ostrich egg.—The thin walls of the sac are laid open so as to show the numerous ridges on its internal surface, and also the testis, which is normal in size.		N. Y. Hospital.
843	Hydrocele.—Specimen consists of a testis of normal size, and of the everted sac of a small, old hydrocele, showing the thickening of the tunica vaginalis, and the rugous, mamellonated appearance of its inner surface.		N. Y. Hospital.
844	Hæmatocele.—Specimen consists of a portion of the tunica vaginalis from a hæmatocele, showing the thick, laminated walls; and, upon the internal surface, an abundant deposit of fibrine, exactly resembling the flocculent exudation often seen in pericarditis.		N. Y. Hospital.
845	Hæmatocele, of long standing, and of the size of a hen's egg; laid open so as to show the thick walls with their internal surface roughened by fibrinous deposits, and the testis exhibiting in its section a healthy structure.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
846	Hæmatocele.—Removed from the left side of the scrotum of a man 40 years old, in whom it had existed, since the age of 16, as an indolent swelling, occurring spontaneously, and equaling in size a goose's egg. On removal, the healthy testis was found to be situated in the posterior and lower part of sac. The latter contained a sero-sanguinolent fluid, and had very dense white and laminated walls, half an inch thick. On its inner surface the sac was covered with flakes and filaments of false membrane.		N. Y. Hospital.
847	Cyst of Epididymis.—From a man who died of arachnitis, without giving any history of this tumor, which was noticed during life. It was found to consist of a serous cyst, larger than a pigeon's egg, projecting into the tunica vaginalis, and attached by a broad peduncle to the globus major of the epididymis. The tunica vaginalis, which is seen turned back from the cyst and from the apparently healthy testis, is considerably thickened, and is attached to the tumor at one point by a narrow, fibrous band.	Museum Record, Case 21.	Dr. G. S. Parkins.
848	Hydrocele of Tunica Vaginalis and of the Cord.—This is a dried preparation of a moderate-sized, thin-walled hydrocele, with the testis near its lower portion. Resting against its outer surface, just over the globus major of the epididymis, is a similar sac of		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	the size of a pigeon's egg. At the upper portion of this latter sac is the cord, the elements of which are seen passing down over its walls to the testis.		
849	Venereal Warts upon the Scrotum (picture).—Drawn by Dr. M. Morris.		N. Y. Hospital.
850	Tumor of Scrotum (picture).—From a man 31 years old, in good general health, and of healthy parentage, the father of a boy two and a half years old. Twenty years ago patient first noticed three small lumps in his scrotum. These slowly increased, and finally coalesced so as to form a large mass, which now occupies the right side of the scrotum, measuring twenty-one inches around its base. Within the last two years the tumor has increased rapidly. On removal, it was ascertained to consist of a mixture of encephaloid and colloid cancer, and to contain in one of its clefts the right testicle, somewhat softened and atrophied. The tumor appeared to have originated in the dartos, and it weighed eleven pounds. Patient soon recovered. (For his subsequent history, *vide* Specimen 854.)	Hosp. Rec., Case 224, 1st Surg. Div., 1846.	N. Y. Hospital.
851	Cancer of Scrotum (picture).—This is a representation, by Dr. Morris, of the tumor spoken of in Specimen 850, made before the operation.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
852	Cancer of Scrotum (picture).—This is a representation of the tumor described in Specimen 850, as it appeared on section. It was drawn by Dr. Morris.		
853	Wax Model of a Tumor of Scrotum.—This is the tumor described in Specimen 850.		
854	Cancer of Scrotum, from same patient that Specimen 850 was taken from. Four years after the first operation, patient returned with a tumor on the opposite side of the scrotum, as large as his two fists. It had appeared a few months previously, after a blow. This mass, which also proved to be encephaloid, was now removed, leaving the testis untouched; but patient died within a month of phlegmonous erysipelas.	Museum Record, Case 106.	N. Y. Hospital.
855	Sloughing Chancre of Penis (picture). — Popularly known as "Black Lion." The disease spread still farther and proved fatal.		
856	Picture. — Apparently representing the granulating surface remaining after the cleaning off of a sloughing chancre. Above is the root of the penis, and below the testicles, all exposed. Drawn by Dr. M. Morris.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
857	Wart-like Vegetations (picture), on the glans and prepuce of the penis, and also at the root of the organ. It is not known whether they were cancerous or venereal. Drawn by Dr. Morris.		N. Y. Hospital.
858	Penis and Testes.—From a middle-aged man, who died with symptoms of cerebral inflammation. He had, for sixteen years, masturbated to great excess. Though married, he had no children; during coition he had complete erection, and also emission of seminal fluid. The penis is moderately thickened. Both testicles are very much atrophied, not being larger than an almond shell, but the one which is cut open still presents a normal structure.		N. Y. Hospital.
859	Cancer of Penis.—The glans and prepuce are entirely covered by a large fungous mass of close-set, pinkish vegetations, discharging a sero-purulent fluid. The disease began five months before as a wart, at the meatus urethræ, during a chronic gonorrhea. Patient was in a very filthy condition; cleanliness was, therefore, enforced, and subsequently strong nitric acid was repeatedly applied, but with no benefit. The disease being considered cancerous, the penis was then amputated, and patient soon recovered. Under the microscope the disease presented the appearances of epithelial cancer.	Hospital Record, Case 169, 1st Surg. Div., 1858.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
860	Cancer of Penis, encephaloid in character, and involving the glans, and part of the body, both of which have been extensively destroyed by ulceration. The disease returned in the stump a few months after amputation.		N. Y. Hospital.
861	Cancer of Penis.—From a man 62 years old, in whom the disease had existed for fifteen years, having begun on the prepuce, as a fissure, which extended by a ragged ulceration, accompanied by a fœtid discharge, the tissues previously becoming indurated. There being no contra-indication except the presence of a hard gland in the groin and an enfeebled state of the general health, amputation was performed, near the pubes, one half of the penis having already been destroyed. The disease did not return, the patient dying of pneumonia two years later.	Museum Record, Case 75.	Dr. J. O. Stone.
862	Stricture and Urethritis.—Specimen consists of the spongy portion of a urethra, laid open along its dorsal surface so as to show a stricture one and a half inches from the meatus. In front of this the canal seems to be healthy, while, behind it, numerous patches of lymph have been effused upon the mucous membrane, and the canal is dilated.		N. Y. Hospital.
863	Stricture of Urethra, near the triangular ligament, where its diameter is diminished one half,		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	and where there exists a strong lateral curvature. The mucous membrane at that point is wrinkled in part, and in part smooth, like cicatricial tissue. The urethra behind is slightly enlarged.		
864	Stricture of Urethra, of long standing, situated near the posterior part of the bulb, and apparently capable of admitting No. 2 catheter. The urethra back of the stricture does not appear to be enlarged.		N. Y. Hospital.
865	Stricture of Urethra, situated just back of the triangular ligament. The mucous membrane is seen thickened and ulcerated, and the canal is dissected from the surrounding parts by a small abscess, which probably communicated with the urethra.		
866	Stricture of Urethra, involving chiefly the anterior part of the membranous portion, where the mucous coat has lost its smoothness and polish, being crossed by numerous wrinkles. Patient had probably undergone treatment, as there is no contraction of calibre in the passage.		N. Y. Hospital.
867	Stricture and Perineal Section.—From a man 60 years old, who, on being seized with complete retention of urine, consequent upon an old stricture of the membranous urethra, was relieved by	Museum Record, Case 71.	Dr. Buck.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	opening into the urethra through the perineum. The stricture resisting treatment by dilatation, six months later an incision through the perineum was made, the constriction was freely divided, and a catheter passed through the penis into the bladder. The wound soon closed, and patient had no return of his disease, being obliged only to introduce a catheter every five or six weeks. At the end of five years patient died, and the parts were removed. The urethra is of its normal size and appearance, except in the region of the triangular ligament, where the mucous membrane presents a glazed and ribbed appearance. Further forward, traces of another stricture are also seen. Bladder healthy.		
868	Stricture of Urethra of long standing, and showing the mucous membrane, from about the middle of the bulb to the middle of the membranous portion, greatly altered by the formation of irregular prominences, cicatrices, and fistulous tracks leading to the perineum. On the whole, however, the calibre is not much diminished. For the space of two inches in the center of the spongy portion the mucous membrane has been replaced by tolerably smooth cicatricial tissue, indicating the former existence of a stricture at that point.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
869	Stricture of the Urethra and Perineal Fistula.—From a man 65 years old, about whom it is only known that he entered the hospital at the age of twenty, with gonorrhœa, and that he had remained in the institution ever since, as nurse, finally dying of diarrhœa. He was subject at times to stoppage of his urine, but always obtained relief by passing a small bougie through the fistula, which ran from the perineum into the anterior part of the membranous urethra. A quarter of an inch in front of this inner opening was a very tight stricture, chiefly formed by a membranous septum, traversed by a single opening barely allowing the passage through it of a pin. The bladder is moderately thickened, and the kidneys are slightly atrophied, but not otherwise altered.	1859.	N. Y. Hospital.
870	Urethral Fistula, passing from the canal just behind the triangular ligament and opening in the perineum. Around the urethral opening the mucous membrane is thickened, and, further back, in the membranous portion, several ragged ulcers are seen.		
871	Stricture of Urethra, of long standing, and involving a large portion of the canal. Two fistulous tracks are seen, one leading into the perineum, the other to the under surface of the penis, in front of the scrotum.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
872	Stricture of Urethra.—Specimen consists of the urethra, from an old case of stricture, laid open on its lower surface, showing the canal distorted, and narrowed throughout the greater part of its course, while, on each side, the indurated scrotum is seen traversed by numerous fistulous tracks. The scrotum is also adherent above to the prepuce, drawing it down, so that the glans scarcely projects an inch beyond the symphysis pubis.		N. Y. Hospital.
873	Stricture of Urethra—False Passages.—The disease is of long standing, and the whole canal is distorted. In two places rounded cords are seen passing from one wall across to the other. In another spot a fistula passes out to the dorsum of the penis, and two false passages, each half an inch long, extend backwards from the walls of the urethra. All these changes exist in the spongy portion. Farther back, at the triangular ligament, is another false passage; and, just in front of the prostate, is a fourth, likewise opening upon the upper surface of the urethra. Besides these, there are three shallow, pouch-like passages, opening upon the sides of the canal.		N. Y. Hospital.
874	Sensitive Tumor from Female Urethra.—Specimen consists of the greater portion of the mucous membrane forming the external urethral orifice, together with a peculiar, pedunculated,	Museum Record, Case 90.	Dr. A. E. Hosack.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	wart-like growth springing from it, just within the meatus. This tumor had been snipped off twice before, but soon returned; hence the more thorough excision the third time. The tissues in the vicinity were indurated, and the hæmorrhage was quite free. The symptoms had been,—excessive sensibility when touched, pain after urinating, bearing-down efforts on the slightest exertion, and frequent hæmorrhage.		
875	Uterus and its Appendages.—From a girl fourteen years old, showing the small size of the organ before puberty.		N. Y. Hospital.
876	Imperforate os Uteri.—Specimen taken from an old woman, about whom nothing is known. The appendages appear to be normal. The uterus itself is larger than that of a virgin, and its surface is at some points nodulated. The lips of the cervix being absent, the vaginal portion of the uterus consists merely of a flat, circular disc, an inch in diameter, presenting at its center a slight depression the size of a pin's head, from which several faint lines, resembling scars, are seen to radiate.		N. Y. Hospital.
877	Impregnated Uterus, laid open anteriorly, so as to show the fœtus, about two months old, attached by its cord to the membranes. The os tincæ is closed by a plug of mucus.		Dr. C. B. Archer.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
878	Fœtus, about four weeks old.		Dr. Post.
879	Fœtus, with its membranes, about four weeks old.		N. Y. Hospital.
880	Fœtus and membranes, about eight weeks old.		N. Y. Hospital.
881	Fœtus and membranes, about eight weeks old.		Dr. I. Moses.
882	Fœtus and membranes surrounded by a blood-clot. It was expelled from the uterus of a lady who supposed herself to be three months pregnant. She had had violent flooding, at intervals, for three days previously.	Museum Record, Case 16.	Dr. A. Henriques.
883	Fœtus, two months old.		Dr. Maxwell.
884	Fœtus and membranes, two months old.		Dr. Maxwell.
885	Fœtus, three months old.		Dr. Maxwell.
886	Fœtus in its membranes, about four months old.		
887	Fœtus, with its membranes, about four months old.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
888	Fœtus and placenta, about six months old.		N. Y. Hospital.
889	Fœtus, with membranes and placenta, about seven months old.		
890	Fœtus, about seven months old.		N. Y. Hospital.
891	Fœtus, with its membranes, about eight months old.		
892	Malformed Fœtus, full-grown.—The anterior abdominal walls are partially deficient, thus allowing a large portion of the intestines to escape from the abdomen.		Dr. J. Conger.
893	Cast of a Malformed Female Child.—She is of good size and proportion; but growing from her side is another child, imperfectly developed, there being no head, and only one arm. The body is about half the size of that of the fully-formed child, and is implanted upon the latter nearly at right angles, so as to rest with the apex of its chest upon the other's right hypochondriac region. The girl died at the age of four months.		
894	Blighted Conception, or Mole.—Taken from a woman, about sixty years old, brought to the dissecting-room. Occupying the cavity of this uterus, which is of more than twice its natural size, is seen		Dr. Conger.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	a spherical tumor about an inch in diameter. It consists of an external bony shell, enveloping the rudiments of a fœtus.		
895	Hydatids from the Uterus.—This mass, which would more than fill a pint measure, was discharged from the uterus of a woman 24 years of age, who had suffered for some weeks previously from tenderness and enlargement of the womb, accompanied by occasional hæmorrhages from the uterus, which continued till the mass was discharged, after which she rapidly recovered. About nineteen months before, in her first pregnancy, she had borne twins; and, about a year after the expulsion of these cysts, she gave birth to a healthy infant; and, still later, to others, all healthy. She has now ceased child-bearing. The cysts, which exist in countless numbers, vary in size from that of an almond kernel to that of a pin's head, and have evidently originated upon the surfaces and in the interstices of the laminated mass which is seen at the upper part of the specimen, resembling the coagula from an old aneurism. Many of the smaller cysts are attached to the walls of the larger by a thread-like pedicle, which varies in length from a fraction of a line to half an inch.		Dr. Borrowe.
896	Uterus.—From a woman who died of peritonitis shortly after delivery. The organ is seen still		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	very large; on its internal surface there is a thin membranous layer, except at the placental insertion, where a large sloughy mass occupies the surface.		
897	Uterine Abscess, discharging into the rectum. At the upper part of the specimen are seen the walls of a globular abscess, some six inches in diameter, which formed in the muscular structure of the fundus uteri, remaining there for eight years, and giving rise to a tumor, which could be felt just above the umbilicus, and was supposed to be an ovarian growth. The abscess involved the cavity of the uterus, and finally, a few weeks before death, discharged itself through the posterior wall of the cervix into the rectum (the os uteri being closed), by a round opening an inch in diameter, which latter is seen in the specimen. The abscess was probably due to injury from instruments used to produce abortion.		Dr. J. P. Garrish.
898	Fibrous Tumors of Uterus.—The largest, of the size of a pigeon's egg, has been laid open from without, and is seen growing from the substance of the muscular tissue near the fundus. The mucous membrane has been incised and turned back so as to expose the surface of the smaller one, which projects into the upper part of the uterine cavity.		Dr. J. K. Rodgers.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
899	Fibrous Tumor of Uterus, of about the size of a hen's egg, growing from the substance of the lateral wall of the organ, the uterus being considerably enlarged and distorted.		
900	Fibrous Tumors of Uterus.—The largest is of the size of an orange, the other one smaller, both growing from the muscular tissue near the fundus, and displaying on section a dense fibrous structure. The uterine cavity is compressed, but, apparently, is not directly invaded by the larger tumor, which is still completely surrounded by layers of the natural uterine tissue.		N. Y. Hospital.
901	Fibrous Tumor of Uterus, in the shape of two cylinders, with their sides in contact, and about an inch high, projecting from the uterine parietes, and showing a tendency to become pedunculated. The uterus, from its size, would seem to have recently expelled a fœtus.		N. Y. Hospital.
902	Polypi of Uterus, of small size, but illustrating beautifully the process of their formation. The upper one forms but a slight projection in the uterine cavity at the fundus. Just below it is another, a little larger, with a groove running round its base; a little lower still is seen a third, which is connected to the walls by a long, narrow pedicle.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
903	Polypus of Uterus.—Specimen consists of a smooth, fibrous, cordiform, pedunculated tumor, as large as a new-born child's head, filling the enlarged vagina, and connected by a stem with the fundus uteri. It was taken from a woman who had suffered two years previously from menorrhagia and leucorrhœa, which finally led to her death by exhaustion.		N. Y. Hospital.
904	Polypi of Uterus.—Above, the uterine cavity is laid open, and appears to be healthy; below are seen several small polypi hanging out of the os uteri, and connected with it by elongated pedicles.		N. Y. Hospital.
905	Tumor of the Uterus.—It is situated in the muscular walls at the fundus, and forms a globular mass an inch in diameter, probably fibrous. This, by its pressure downwards, has divided the cavity of the organ, so as to give it the appearance of a uterus bicornis.		
906	Corroding Ulcer of Uterus.—It has produced extensive disorganization of the organ itself, and of the adjacent parts, thus forming communications with the bladder and with the sigmoid flexure. The notes state that there was no evidence of any malignant deposit in the remaining portions of the uterus.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
907	Corroding Ulcer of Uterus.—From a woman, of whom nothing is known, except that for four months previous to death she had suffered from pelvic pains and a fœtid discharge from the vagina. The whole of the vagina, the cervix, and lower half of the body of the uterus, were destroyed by the ulceration, leaving the fundus natural in color and to the touch. A communication with the bladder existed, large enough to admit three fingers. The right ovary was of scirrhous hardness, and closely attached to the uterus. The liver and the broad ligaments contained serous cysts. The lungs presented a deposit apparently cancerous, and the kidneys were granular.	Museum Record, Case 104.	Dr. S. C. Foster.
908	Ulcer of the Uterus.—A small, ragged ulcer, probably cancerous, is situated upon the posterior wall of the uterine cavity, an inch above the cervix. The organ is enlarged, and the tissues around it thickened.		
909	Cancer of Uterus, with hydatids, situated on the fallopian tubes, from a woman who died of aortic aneurism. The deposit appears to have been pretty equably infiltrated through the tissues of the uterus, the organ being but little distorted.		N. Y. Hospital.
910	Cancer of Uterus.—The body of the organ has become nearly globular in form by the infiltra-		Dr. Wotherspoon

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	tion of scirrhous deposit, while an extensive, ragged ulceration is seen progressing at the cervix.		
911	Cancer of Uterus. — Specimen shows the organ laid open so as to expose a large fungous surface of encephaloid matter, involving the fundus uteri.		N. Y. Hospital.
912	Cancer of Uterus.—A flattened mass of encephaloid, of the size of the end of the thumb, is seen projecting into the slightly-enlarged uterine cavity; it is connected, by a peduncle, with the posterior wall, near the fundus.		Dr. Cheesman.
913	Abscess of Ovary.—The uterus is markedly elongated, with but little increase in circumference. The os tincæ is distorted, and two narrow canals open upon it. One of these is a mere cul de sac, while the other leads into the uterine cavity. The right ovary had become the seat of an abscess of the size of a pigeon's egg, which burst into the peritoneum.		N. Y. Hospital.
914	Cystic Disease of Ovaries.—The uterus is slightly enlarged, and each ovary is seen covered by numerous cysts about the size of a pea, one only having grown to the size of a hen's egg. The cysts appear to have arisen from the superficial portions, only, of the ovaries.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
915	Cyst of Mamma.—Removed from a married woman 35 years old, in good health, who first discovered the tumor as a lump of the size of a walnut, eight months before the operation. It occupied the upper half of the left mamma towards the axilla, had a flattened form, was elastic and fluctuating, and not adherent to the skin. The pain was referred to the clavicle and shoulder. The cyst, whose walls were thick, contained about half an ounce of a semi-transparent, watery fluid, of a brownish-yellow color.		Dr. Buck.
916	Serous Cyst, an inch and a half in diameter, removed from the breast. It is seen to consist of two membranes: an outer dense one, and another which has been detached from its interior, delicate and thin.		Dr. A. C. Post.
917	Mammary Glandular Tumor, consisting of a lobulated mass of the size of a pigeon's egg, removed from a married woman 20 years old, in general good health, and in whom the tumor had existed three months. The mass which, under the microscope, presented the ordinary appearances of the above-named tumor, was situated upon the upper border of the mammary gland, from which it was not separated by any distinct fibrous membrane.		Dr. Buck.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
918	Cancer of the Breast, of the scirrhous variety, accompanied by well-marked retraction of the nipple. On section, a globular, well-defined tumor, an inch and a half in diameter, is seen, surrounded apparently by a deposit of fat.		N. Y. Hospital.
919	Cancer of the Breast, of the scirrhous variety, which, before its removal, had softened in the center, but had not yet ulcerated. The axillary glands were still sound. The nipple is retracted below the level of the integument; and, on section, the tumor is seen to present a small cavity in its center.		Dr. Watson.
920	Cancer of the Breast, of the scirrhous variety, presenting on its surface a flat, carcinomatous ulcer, some two inches in diameter.		N. Y. Hospital.
921	Cancer of the Breast.—Consisting in a tumor, apparently encephaloid, of the size of a pigeon's egg, encysted, and resting upon the surface of the mamma. It appeared, nine months previously, as a small, hard, movable lump.		Dr. Post.
922	Cancer of the Breast, of the encephaloid variety, leading to the formation of a large, fungous, sloughy ulcer upon the surface of the gland.		Dr. Watson.
923	Cast, apparently of a cancerous mamma.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
924	Picture, evidently of fungus hæmatodes of the mamma. Drawn by Dr. Morris.		N. Y. Hospital.
925	Cancer of the Breast.—Forming a circumscribed lobulated tumor, as large as a goose's egg, and appearing, on section, to consist of cancerous matter irregularly deposited among the normal gland tissues.		N. Y. Hospital.
926	Retrogression of Scirrhus Mammæ.—From a female 51 years of age, who stated that, eight years previously, a tumor had appeared in one of her breasts, and had slowly increased during the next four years, until the whole mamma was involved; that the other breast had also gone through the same course, but at a period a little later than the first one. There had not been at any time any inflammation, while severe pain was present after the disease had made some progress. To the touch the breasts were hard, and not at all sensitive. Patient now used some quack remedy externally, with great coincident benefit, as shown by the diminution in size and painfulness of the mamma, while the integuments became shriveled and the nipple horny. In this obsolete state the tumors remained for nearly two years, until the patient's death, which took place from cancerous disease in the abdomen, producing dyspeptic symptoms, and also ascites, the immediate cause of the latter being the		Dr. Markoe.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	compression of the portal vein by one of the cancerous masses. These were thickly scattered over the peritoneum, but did not involve the substance of any of the viscera, except the ovaries and the muscular coat of the intestines. In the mamma no trace of glandular structure could be found; and on microscopic examination (by Dr. A. Clark), the dense yellowish-white formation which occupied its place, was found to consist of white and yellow fibrous tissue, unmixed with any heterologous deposits. There were also cancerous tumors on the heart, in the lungs, and in the subcutaneous cellular tissue.		

SECTION VIII.

PARASITES AND MISCELLANEA.

SECTION VIII.

PARASITES AND MISCELLANEA.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
927	Filaria Medinensis. — Removed (1835) from an ulcer on the leg of a seaman, who had been exposed in the marshy grounds on the coast of Africa some months previously. On his voyage home he began to suffer from the developments of these worms, of which he had several in different parts of his legs. This specimen is from eighteen to twenty inches in length, is as thick as small pack-thread, and is of a dull-white color. It came from beneath the integuments of the ankle, where it had existed about seven months. The head of the worm, when seen under the microscope, was found to be armed with a sort of hook or proboscis.		Dr. Watson.
928	Filaria Medinensis. — Removed (1859) from the leg of a middle-aged seaman who has never been to Africa, nor to any tropical ports except those of India. He left India eight months previously, and had no trouble until within a few days of admission, when furuncles formed on his legs, and burst, giving exit to a little serum. Soon after this the worms were	Hosp. Rec., Case 36, 2d Surg. Div., 1859.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	perceived in the little ulcers, and were seized and fastened to a small wooden cylinder. Around these they are gradually wound (several times each day) until the parasite is extracted or broken. This accident has happened frequently, and has never, as yet, given rise to any disagreeable symptoms. Several portions have been extracted, the longest measuring nineteen inches, but none of them show, under the microscope, any trace of a head. They are in the shape of a flattened cylinder, half a line wide, and are of a dull-white color. Patient, after a couple of months, left the hospital apparently cured.		
929	Parasites.—Specimen consists of a portion of the pectoral muscle of an adult, found in the dissecting-room. The tissue presents a measly appearance, being speckled by countless minute white dots, consisting doubtless of the trichina spiralis. (*Vide* Specimen 930.)		Dr. Van Buren.
930	Parasites. — A portion of the muscle from Specimen 929, is seen suspended in Canada Balsam.		Dr. Van Buren.
931	Tapeworm, from a middle-aged man. A decoction of pumpkin seeds was administered, and each of the three doses brought away a portion of the worm. The whole measures four feet, but does not include the animal's head.		N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
932	Hydatid of the Liver, taken from a man who died of apoplexy. No symptoms had indicated the existence of the parasite during life. It is seen in the form of a collapsed membranous sac, capable of filling the cavity in which it lies. This latter is very near the anterior surface of the organ, and is about an inch and a half in diameter, and is lined by a delicate membrane.		Dr. I. Moses.
933	Hydatid.—Taken from the abdomen of a middle-aged man who died in the hospital of double pleuritis. He had never had peritonitis, and had experienced no unpleasant symptom from the presence of the tumors. It is of the size of a hen's egg, and has a tolerably smooth surface, and dense laminated walls a line thick. In its interior are what appear to be the shrivelled remains of hydatids.		
934	Hydatid.—Taken from the same patient, and very similar to the preceding, but is of only half its size. It also contained smaller hydatids, and, as well as the former, was attached to the surface of the liver.		
935	Hydatid.—Found floating loose in the peritoneal cavity of same patient. It is of the size of a pigeon's egg, and, on section, is seen to be solid, with a dense laminated texture. It contains in its center a small calcareous concretion.		

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
936	Hydatid, from same patient.—Is very large, and was situated in the peritoneal reflection between the rectum and the bladder. It forms a globular cyst over six inches in diameter, with walls nearly an inch thick, and a cavity partially subdivided by membranous septa, and containing hydatids, two of which are preserved in Specimen No. 937.		N. Y. Hospital.
937	Hydatids.—They consist of delicate globular sacs, an inch in diameter, and were contained in the cavity of a larger cyst, namely, in Specimen 936.		N. Y. Hospital.
938	Roasted Human Hand.—Taken from the fire at a cannibal feast in the Fejee Islands.		Dr. Stone.
939	Minute Injection of the blood-vessels of a frog.		Dr. Buck.
940	Minute Injection of a frog.		Dr. Buck.
941	Minute Injection of a fish.		Dr. Buck.
942	Minute Injection of a lion's kidney.		Dr. Buck.
943	Minute Injection of a snake. These last five preparations were made in Vienna.		Dr. Buck.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
944	Injected preparation, showing the blood-vessels of the iris, etc., in a calf.		Dr. Buck.
945	Intestinal Worms.—Specimen consists of a portion of the small intestine from a coluber which died in convulsions. The cause of death was intestinal ulceration. The mucous membrane was perforated in several places, and the sub-mucous tissues were much thickened. The worms (lumbrici) swarmed over this inflamed portion, and several of them had their anterior extremities buried an inch or so in the walls of the gut. (*Vide*, also, Specimen 946.)	Museum Record, p. 60.	Mons. Guiladieu, American Museum.
946	Picture.—Worms from small intestine of a coluber. (*Vide* Specimen 945.) Drawn by Dr. Morris.		N. Y. Hospital.
947	Worm from the Lung.—This parasite (Linguatula) was found in the lungs of the same reptile that Specimen 945 came from.	Museum Record, p. 60.	Mons. Guiladieu.
948	Kidney, of an elongated lobulated form, from the same reptile that Specimen 945 was taken from.	Museum Record, p 60.	Mons. Guiladieu.
949	Marine Animal, of the class Tunicata. Ascidiæ, Linn.—The envelope and stalk were not presented. The mantle and its cartilaginous envelope form a sac, everywhere closed except at two orifices, the one to admit water, the other to eject fæces.	Museum Record, p. 21.	Mons. Guiladieu.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
950	Femur of a Chicken.—The bone has been fractured transversely at its middle, and has firmly united again, with considerable overlapping of the fragments, and with but slight evidences of ensheathing callus. Specimen found at the dinner table.		Dr. Van Buren.
951	Malformed Pig (Synotus).—There are two animals united anteriorly by the front of the thorax from the navel up. The eight extremities are distinct, but the head is single, and common to both bodies. The face, which is well developed, is turned laterally, and has a nose, two eyes, one ear on each side, and a third posteriorly on the occiput, formed by an incomplete union of the other two. The animal could have lived but a short time, as the umbilical cord is still attached.		
952	Bullet (leaden), which was accidentally discharged from a pistol. It passed from above downwards through the tarsus, and was extracted by an incision in the sole, ten days after the accident. Suppuration took place along the track, but patient, a young man, finally recovered. The ball is half an inch in diameter, and greatly flattened.	Case 874, 2d Surg. Div., 1857.	N. Y. Hospital.
953	Bullet (leaden), extracted from beneath the integument over the sterno-mastoid muscle. It is one quarter of an inch in diameter, and still spherical.	Case 39, 1st Surg. Div., 1858.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
954	Bullet (leaden) nearly half an inch in diameter, spherical except at a point where a portion has been chipped off, doubtless by the edge of the skull bones through which it penetrated, after being discharged from a pistol at the distance of two or three feet. Patient, a young man, was not stunned at the time; later, symptoms of cerebral excitement came on, but these soon gave place to coma, which proved fatal on the third day from the injury. The ball had traversed the brain from left to right, entering at the left temple, where it made an oval hole, which was without radiating fracture and without depression, the fragments being all very small. (*Vide* Specimen 955.)		
955	Bullet (leaden), greatly flattened. —It was found lying beneath the integuments, and upon the supra-orbital ridge of the same patient that Specimen 954 was removed from.	Case 794, 2d Surg. Div., 1857.	N. Y. Hospital.
956	Bullet (leaden), spherical, and half an inch in diameter, extracted from under the edge of the eleventh rib on the right side, about twenty-four hours after the wound had been received. Erysipelas and pleurisy supervened and proved fatal.	Case 182, 1st Surg. Div., 1858.	N. Y. Hospital.
957	Bullet (leaden), spherical, and half an inch in diameter, removed from beneath the integuments on the right side of a man who died	Case 799, 1st Surg. Div., 1857.	N. Y. Hospital.

No.	DESCRIPTION.	Reference.	Donor, or whence derived.
	from the effects of another ball, which passed from left to right, through the liver, and occasioned inflammation and abscess.		
958	Bullet (leaden), spherical, half an inch in diameter, removed from beneath the integument of the shoulder of a boy, who soon recovered.	Case 67, 1st Surg. Div., 1858.	N. Y. Hospital.
	ADDENDUM.		Dr. Watson.
959	Salivary Calculus, from a ranula, in the mouth of a young gentleman.		